

# AUTO CR - LOG SUMMARY #1068798

TYPE: INFO

## Incident Finding / Overall Case Finding

Description of Incident	Finding	Entered By	Entered Date
	NO AFFIDAVIT	FINNELL, ANTHONY	17-JUN-2014

## Reporting Party Information

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
NON-CPD Reporting Party Victim						M	BLK		

## Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
26-APR-2014 04:36 - 26-APR-2014 04:36		1224	012	290 - RESIDENCE	

## Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
CPD Employee Accused	GRAMAROSSO, MICHAEL	19237		012 /	POLICE OFFICER	ON Duty	The complainant alleged that during the course of his arrest the accused struck him about the face with his fist.
CPD Employee Accused	LOPEZ, HECTOR	18978		012 /	POLICE OFFICER	ON Duty	The complainant alleged that during the course of his arrest the accused struck him.

## Other Involved Parties

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
------	------	----------	---------	-----------	----------	-----	------	---------	-------

## Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship
Reporting Party Victim		LOPEZ, HECTOR	NO RELATIONSHIP
Reporting Party Victim		GRAMAROSSO, MICHAEL	NO RELATIONSHIP

## Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Civil Suit Settled Date:	
Notify Chief Administrator?	N	Notify Chief?	
Notify Coordinator?		Notification Does Not Apply?	Y
Notification Other?	N		
Notification Comments:	SGT. MISAEL RAMIREZ # 2053 INITIATED LOG NUMBER.		

## Incident Category List

Incident Category	Primary?	Initial?
05A - GROUP 05 - OFFICE OF PROFESSIONAL STANDARDS INVESTIGATIONS EXCESSIVE FORCE / ON DUTY - INJURY	Y	Y
05A - GROUP 05 - OFFICE OF PROFESSIONAL STANDARDS INVESTIGATIONS EXCESSIVE FORCE / ON DUTY - INJURY		N

## Investigator History

Investigator	Type	Assigned Team	Assigned Date	Scheduled End Date	Investigation End Date	No. of Days
JONES, VINCENT	Primary	GENERAL FIELD 4	29-APR-2014	28-JUL-2014	17-JUN-2014	49
FINNELL, ANTHONY	Supervisor	GENERAL FIELD 4	29-APR-2014	28-JUL-2014	17-JUN-2014	

## Extension History

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments
------	-----------------------------	-----------------------------	----------------------------	-----------------	-------------	-----------------------	-------------	---------------	-------------------

## Current Allegations

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding
GRAMAROSSO, MICHAEL	1	Struck [REDACTED] about the face with his fist	05A OPS SUBCODE 05A	CLOSED HAND STRIKE (PUNCH)	NO AFFIDAVIT
LOPEZ, HECTOR	1	Struck [REDACTED]	05A OPS SUBCODE 05A	MISCELLANEOUS	NO AFFIDAVIT

## Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?
GRAMAROSSO, MICHAEL	1	DURING ARREST					
LOPEZ, HECTOR	1	DURING ARREST					

## Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
CLOSED/NO CONVERSION	17-JUN-2014 12:11	FINNELL, ANTHONY	SUPERVISING INV COPA	113 /	
CLOSED AT C.O.P.A.	17-JUN-2014 12:08	FINNELL, ANTHONY	SUPERVISING INV COPA	113 /	
PENDING INVESTIGATIVE REVIEW	17-JUN-2014 10:22	JONES, VINCENT	INVESTIGATOR 2 COPA	113 /	
PENDING INVESTIGATION	29-APR-2014 10:44	FINNELL, ANTHONY	SUPERVISING INV COPA	113 /	
PENDING ASSIGN INVESTIGATOR	29-APR-2014 09:03	LERNER, ELIZABETH	SUPERVISING INV COPA	113 /	
PENDING ASSIGN TEAM	28-APR-2014 09:55	ROBERTS, GEORGE	SUPERVISING INVESTIGATOR	113 /	
PENDING SUPERVISOR REVIEW	28-APR-2014 09:51	ROBERTS, GEORGE	SUPERVISING INVESTIGATOR	113 /	
PRELIMINARY	28-APR-2014 09:47	ROBERTS, GEORGE	SUPERVISING INVESTIGATOR	113 /	narrative
PENDING SUPERVISOR REVIEW	26-APR-2014 09:56	CHICO, ALICE	INVESTIGATOR 2 COPA	113 /	
PRELIMINARY	26-APR-2014 07:40	CHICO, ALICE	INVESTIGATOR 2 COPA	113 /	

## Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	FACE SHEET					CHICO, ALICE	26-APR-2014 07:40			
1	INVESTIGATION					JONES, VINCENT	29-APR-2014 12:28			
2	CONFLICT CERTIFICATION					FINNELL, ANTHONY	29-APR-2014 10:44			
3	CONFLICT CERTIFICATION					JONES, VINCENT	29-APR-2014 12:28			
4	DOCUMENTS - INVESTIGATION		2			BRUMFIELD, LUCILLE	10-JUN-2014 10:30	APPROVED		
5	DOCUMENTS - INVESTIGATION		5	[REDACTED]		BRUMFIELD, LUCILLE	10-JUN-2014 10:31	APPROVED		
6	DOCUMENTS - INVESTIGATION		6	Mugshots of [REDACTED]		BRUMFIELD, LUCILLE	10-JUN-2014 10:32	APPROVED		
7	DOCUMENTS - INVESTIGATION		4	[REDACTED]		BRUMFIELD, LUCILLE	10-JUN-2014 10:33	APPROVED		
8	DOCUMENTS - INVESTIGATION		3	[REDACTED]		BRUMFIELD, LUCILLE	10-JUN-2014 10:33	APPROVED		

## Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
9	DOCUMENTS - INVESTIGATION		6			BRUMFIELD, LUCILLE	10-JUN-2014 10:34	APPROVED		
10	DOCUMENTS - INVESTIGATION		1	Attempt to Interview [REDACTED]		BRUMFIELD, LUCILLE	10-JUN-2014 10:35	APPROVED		
11	DOCUMENTS - INVESTIGATION		1	Photo Request		BRUMFIELD, LUCILLE	10-JUN-2014 10:35	APPROVED		
12	DOCUMENTS - INVESTIGATION		1			BRUMFIELD, LUCILLE	10-JUN-2014 10:36	APPROVED		
13	DOCUMENTS - INVESTIGATION		7	ET photos of [REDACTED]		BRUMFIELD, LUCILLE	10-JUN-2014 10:37	APPROVED		
14	DOCUMENTS - INVESTIGATION		1	POD map, [REDACTED]		BRUMFIELD, LUCILLE	10-JUN-2014 10:37	APPROVED		
15	DOCUMENTS - INVESTIGATION		1	CLEAR DATA Search/Edit Tactical Response Report		BRUMFIELD, LUCILLE	10-JUN-2014 10:38	APPROVED		
16	DOCUMENTS - INVESTIGATION		1	[REDACTED]		BRUMFIELD, LUCILLE	10-JUN-2014 10:39	APPROVED		
17	DOCUMENTS - INVESTIGATION		2	Law enforcement official's request for protected health information re: [REDACTED]		BRUMFIELD, LUCILLE	10-JUN-2014 10:40	APPROVED		
18	DOCUMENTS - INVESTIGATION		2	Law enforcement official's request for protected health information re: [REDACTED]		BRUMFIELD, LUCILLE	10-JUN-2014 10:40	APPROVED		
19	DOCUMENTS - INVESTIGATION		1	Victim, [REDACTED]	Y	JONES, VINCENT	17-JUN-2014 09:16	APPROVED		
20	DOCUMENTS - INVESTIGATION		1	[REDACTED]	Y	JONES, VINCENT	17-JUN-2014 09:17	APPROVED		
21	DOCUMENTS - INVESTIGATION		1	[REDACTED]	Y	JONES, VINCENT	17-JUN-2014 09:17	APPROVED		
22	DOCUMENTS - INVESTIGATION		1	Signed Delivery Receipt- [REDACTED]	Y	JONES, VINCENT	17-JUN-2014 09:18	APPROVED		
23	DOCUMENTS - INVESTIGATION		1	Signed Delivery Receipt- [REDACTED]	Y	JONES, VINCENT	17-JUN-2014 09:19	APPROVED		
24	DOCUMENTS - INVESTIGATION		43	[REDACTED] 26 Apr 14	Y	JONES, VINCENT	17-JUN-2014 09:20	APPROVED		
25	DOCUMENTS - INVESTIGATION		1	R/I's aattempts to contact victim, [REDACTED]	Y	JONES, VINCENT	17-JUN-2014 10:01	APPROVED		
26	DOCUMENTS - INVESTIGATION		3		Y	JONES, VINCENT	17-JUN-2014 09:58	APPROVED		

## Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
INVESTIGATIVE SUPERVISOR REVIEW		SUBMITTED	FINNELL, ANTHONY	SUPERVISING INV COPA	113	17-JUN-2014 12:11	Several attempts were made to have the complainant sign the Sworn Complaint Affidavit, as required by the Illinois Uniform Peace Officers Disciplinary Act and advising him/her that failure to do so may result in the termination of this investigation. At the advice of legal counsel, the complainant declined to give a statement about the incident that gave rise to this investigation. The complainant has failed to sign the Sworn Affidavit. Furthermore, no other witness with personal knowledge of the incident provided the required affidavit. Should the complainant sign the Sworn Affidavit or additional information become available, this investigation can be re-opened. It is recommended at this time the case be closed with a finding of &#8220;Closed-No Affidavit&#8221;.

## Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
-------------	------------------------------	-------------	-------------	----------	------	-------------	---------

## Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
GRAMAROSSO, MICHAEL	1. Struck [REDACTED] about the face with his fist...	FINNELL, ANTHONY	17-JUN-2014 12:11			NO AFFIDAVIT	
LOPEZ, HECTOR	1. Struck [REDACTED]	FINNELL, ANTHONY	17-JUN-2014 12:11			NO AFFIDAVIT	

## Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
LOPEZ, HECTOR	1. Struck [REDACTED]	JONES, VINCENT	17-JUN-2014 10:22			NO AFFIDAVIT	
GRAMAROSSO, MICHAEL	1. Struck [REDACTED] about the face with his fist...	JONES, VINCENT	17-JUN-2014 10:22			NO AFFIDAVIT	

## Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments
---------	-------------	--------------------	------	---------	---------	------------------

## Findings

Accused Name	Allegations	Category	Concur?	Findings	Comments
GRAMAROSSO, MICHAEL	Struck [REDACTED] about the face with his fist	05A OPS SUBCODE 05A		NO AFFIDAVIT	
LOPEZ, HECTOR	Struck [REDACTED]	05A OPS SUBCODE 05A		NO AFFIDAVIT	



# FACE SHEET (Notification Date: 26-APR-2014) - LOG #1068798

TYPE: INFO

## Reporting Party Information

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
NON-CPD Reporting Party Victim						M	BLK		

## Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
26-APR-2014 04:36 - 26-APR-2014 04:36		1224	012	290 - RESIDENCE	

## Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
CPD Employee Accused	GRAMAROSSO, MICHAEL	19237		012 /	POLICE OFFICER	ON Duty	The complainant alleged that during the course of his arrest the accused struck him about the face with his fist.
CPD Employee Accused	LOPEZ, HECTOR	18978		012 /	POLICE OFFICER	ON Duty	The complainant alleged that during the course of his arrest the accused struck him.

## Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Notify Chief?	
Notify Chief Administrator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		

## Initial Incident Category List

Initial Incident Category	Primary?
05A - GROUP 05 - OFFICE OF PROFESSIONAL STANDARDS INVESTIGATIONS EXCESSIVE FORCE / ON DUTY - INJURY	Y
05A - GROUP 05 - OFFICE OF PROFESSIONAL STANDARDS INVESTIGATIONS EXCESSIVE FORCE / ON DUTY - INJURY	

## Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IPRA	GENERAL FIELD 4	JONES, VINCENT (PRIMARY INV)	29-APR-2014 10:44	FINNELL, ANTHONY	
IPRA	GENERAL FIELD 4	FINNELL, ANTHONY (SUPERVISOR)	29-APR-2014 09:03	LERNER, ELIZABETH	
IPRA	GENERAL FIELD 4	-	29-APR-2014 09:03	LERNER, ELIZABETH	
IPRA	CIVILIAN OFFICE OF POLICE ACCOUNTABILITY	-	26-APR-2014 07:40	CHICO, ALICE	

## Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
CLOSED/NO CONVERSION	17-JUN-2014 12:11	FINNELL, ANTHONY	SUPERVISING INV COPA	113 /	
CLOSED AT C.O.P.A.	17-JUN-2014 12:08	FINNELL, ANTHONY	SUPERVISING INV COPA	113 /	

## Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
PENDING INVESTIGATIVE REVIEW	17-JUN-2014 10:22	JONES, VINCENT	INVESTIGATOR 2 COPA	113 /	
PENDING INVESTIGATION	29-APR-2014 10:44	FINNELL, ANTHONY	SUPERVISING INV COPA	113 /	
PENDING ASSIGN INVESTIGATOR	29-APR-2014 09:03	LERNER, ELIZABETH	SUPERVISING INV COPA	113 /	
PENDING ASSIGN TEAM	28-APR-2014 09:55	ROBERTS, GEORGE	SUPERVISING INVESTIGATOR	113 /	
PENDING SUPERVISOR REVIEW	28-APR-2014 09:51	ROBERTS, GEORGE	SUPERVISING INVESTIGATOR	113 /	
PRELIMINARY	28-APR-2014 09:47	ROBERTS, GEORGE	SUPERVISING INVESTIGATOR	113 /	narrative
PENDING SUPERVISOR REVIEW	26-APR-2014 09:56	CHICO, ALICE	INVESTIGATOR 2 COPA	113 /	
PRELIMINARY	26-APR-2014 07:40	CHICO, ALICE	INVESTIGATOR 2 COPA	113 /	

012<sup>th</sup> DISTRICT

26JUN14

TO: MELISSA STAPLES  
012<sup>th</sup> DISTRICT COMMANDER

FROM: MISAEL RAMIREZ #2053  
013<sup>th</sup> DISTRICT  
1<sup>ST</sup> WATCH SERGEANT

SUBJECT: INITIATION OF COMPLAINT LOG #1068798

ATTACHMENT:

G.O.C.R. RD. [REDACTED]  
ARREST REPORT CB# [REDACTED]

ACCUSED:

P.O. GRAMAROSSO, Michael #19237. Empl# [REDACTED] M/2/55. D.O.A. 31Aug98  
assigned to 012 Dist.  
P.O. LOPEZ, Hector #16674. Empl# [REDACTED] M/4/48. D.O.A. 26Oct98. assigned to  
012<sup>th</sup> Dist.

LOCATION:

DATE AND TIME:

26Apr14 at 0436hrs.

ALLEGATION:

Excessive Force

COMPLAINANT:

[REDACTED] M/1/36. [REDACTED]  
Phone [REDACTED]

WITNESSES:

[REDACTED] F/1/27. [REDACTED]  
Phone [REDACTED]  
[REDACTED] M/1/34. [REDACTED]  
Phone [REDACTED]

NOTIFICATIONS:

IPRA Inv. Chico #105 at 0731hrs.  
ET requested at 0801hrs, bt. 5836 assigned

SUMMARY:

The R/Sgt. responded to a domestic at the above location. Upon arrival R/Sgt.  
observed the COMPLAINANT WILFORD with an injury to his right eye and a bump

LOG # 1068798

Attachment # 4

Page 2 of 2

just above it. The R/Sgt. then observed as [REDACTED] pointed at P.O. GRAMAROSSO and accused him of striking him. WITNESS [REDACTED] became aware of the accusation and yelled at [REDACTED] stating (not verbatim) " Don't lie the officer didn't hit you" [REDACTED] then told the R/Sgt. that the officer did not hit the COMPLAINANT. [REDACTED] became agitated and contradicted his accusation by proceeding to identify P.O. LOPEZ as having struck him. The R/Sgt. then spoke with witness [REDACTED] [REDACTED] stated that in fact he had struck [REDACTED] in self defense. [REDACTED] further related that at no time did any officer strike [REDACTED] [REDACTED] was treated and released at [REDACTED]

  
Sgt. Misael Ramirez #2053

APPROVED:

---

---

## CHICAGO POLICE DEPARTMENT

## FINAL APPROVAL

## ARREST REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653

(For use by Chicago Police Department Personnel Only)

CPD-11.420C(REV. 6/30)

C  
I  
Y  
R  
EVEN

ARREST REPORTING	
OFFENDER	Name: [REDACTED] Res: [REDACTED] Beat: 1123 DOB: [REDACTED] AGE: 36 years POB: [REDACTED] SSN: [REDACTED] DLN: [REDACTED] ARMED WITH Unarmed Male Black 6' 03" 206 lbs Brown Eyes Black Hair Shaved Hair Style Medium Brown Complexion Marks [REDACTED]
	Arrest Date: 26 April 2014 05:00 Location: [REDACTED] 290 - Residence Holding Facility: Central Male Lockup Resisted Arrest? No TRR Completed? No Beat: 1224 Total No Arrested: 1 Co-Arrests Assoc Cases DCFS Ward ? No Dependent Children? No
CHARGES	1 Offense As Cited 720 ILCS 5.0/12-3.2-A-2 DOMESTIC BATTERY - PHYSICAL CONTACT Class A - Type M Domestic Related Victim [REDACTED]
	2 Offense As Cited 720 ILCS 5.0/12-1-A ASSAULT - SIMPLE Class C - Type M Domestic Related
RECOVERED NARCOTICS	NO NARCOTICS RECOVERED
WARRANT	NO WARRANT IDENTIFIED



## ARREST REPORTING

NON-OFFENDER(S)

## VICTIM

Name: [REDACTED]	Female	Injured? Yes	Deceased? No
Res: [REDACTED]	Black		
Beat: 1224	DOB: [REDACTED]	Hospitalized? No	
	Age: 27 years		
		Treated and Released? No	
	Comments: Offender Made Physical Contact. No Outward Signs Of Injury. Refused Any And All Medical Attention When Offered By A/O'S		

## VICTIM

Name: [REDACTED]	Male	Injured? Yes	Deceased? No
Res: [REDACTED]	Black		
Beat: 1134	DOB: [REDACTED]	Hospitalized? No	
	Age: 34 years		
		Treated and Released? No	
	Comments: Offender Made Physical Contact. No Outward Signs Of Injury. Refused Any And All Medical Attention When Offered By A/O'S.		

ARRESTEE  
VEHICLE

NO ARRESTEE VEHICLE INFORMATION ENTERED

PROPERTIES

## Confiscated Properties :

All confiscated properties are recorded in the e-Track System. This system can be queried by the inventory number to retrieve all official court documents related to evidence and/or recovered properties.

PROPERTIES INFORMATION FOR [REDACTED] NOT AVAILABLE IN THE AUTOMATED ARREST SYSTEM.



## ARREST REPORTING

(The facts for probable cause to arrest AND to substantiate the charges include, but are not limited to, the following)

INCIDENT NARRATIVE

EVENT [REDACTED] IN SUMMARY, THE ABOVE ARRESTEE [REDACTED], PLACED INTO CUSTODY FOR DOMESTIC BATTERY AND ASSAULT TO VICTIM [REDACTED], ARRESTEE'S FORMER GIRLFRIEND. ARRESTEE [REDACTED], AFTER BREAKING A WINDOW, ENTERED VICTIM'S RESIDENCE [REDACTED], THEN BUSTED DOWN VICTIM [REDACTED]'S BEDROOM DOOR, AND PUSHED VICTIM [REDACTED] WITH HIS HANDS, ABOUT THE SHOULDERS OF VICTIM [REDACTED], CAUSING VICTIM [REDACTED] TO FALL TO THE FLOOR, THUS COMMITTING A DOMESTIC BATTERY. VICTIM [REDACTED] THE CURRENT BOYFRIEND OF VICTIM [REDACTED], WHO HAD BEEN SLEEPING IN BED WITH VICTIM [REDACTED] CAME TO VICTIM [REDACTED]'S AID, TO REPELL ANY ANY FURTHER BATTERY. VICTIM [REDACTED] AFTER HIMSELF BEING ATTACKED BY ARRESTEE [REDACTED], DEFENDED HIMSELF BY PUNCHING ARRESTEE ABOUT THE FACE WITH CLOSED FIST, CAUSING BRUISING AND SWELLING ABOUT ARRESTEE'S FACE AND LEFT EYE, THEN HOLDING ARRESTEE UNTIL A/O'S ARRIVAL. IN A/O'S PRESENCE, ARRESTEE MADE THREATS TOWARDS BOTH VICTIM [REDACTED] AND VICTIM [REDACTED] BY STATING " I'M GOING TO KILL YOU BOTH, I SWEARS TO GOD I'M GOING TO KILL YOU " ! THUS COMMITTING AN ASSAULT. NEITHER VICTIMS WANTED TO SIGN COMPLAINTS AGAINST ARRESEE [REDACTED] THEREFORE, A/O GRAMAROSSO #19237, SIGNED COMPLAINTS ON BEHALF OF VICTIM [REDACTED] FOR THE ASSAULT IN WHICH A/O'S WERE WITNESS TO, AND ALSO FOR THE DOMESTIC BATTERY, IN WHICH BOTH VICTIMS ADMITTED TO HAVING OCCURRED. UPON ARRESTEE [REDACTED] BEING PLACED INTO CUSTODY, ARRESTEE [REDACTED] WAS TRANSPORTED TO [REDACTED] BY BEAT 1211R. ARRESTEE WAS TREATED BY E.R. [REDACTED] FOR BRUISING AND SWELLING TO THE FACE AND LEFT EYE, AND RELEASED FOLLOWING NEGATIVE C.A.T. SCAN RESULTS. E.T. ARRIVED IN 012 STATION AND PHOTOGRAPHED ARRESTEE'S INJURIES. NAME CHECK CLEAR. NO INVESTIGATIVE ALERTS. NO WARRANTS. CLEAR IN GIPP/TRAPP. NOT ON IDOC PAROLE. NOT FELONY UPGRADEABLE (NO FORMER DOMESTIC CONVICTIONS). ALL INVOLVED PARTIES NOTIFIED OF COURT INFO. BRANCH :61-2 DATE:14 MAY 14

COURT INFO

Desired Court Date: 14 May 2014  
Branch: 61-2 555 W HARRISON ST - Room 40  
Court Sgt Handle? No  
Initial Court Date: 27 April 2014  
Branch: CBC-1 2600 S CALIFORNIA - Room100  
Docket #:

BOND INFO

BOND INFORMATION NOT AVAILABLE

REPORTING PERSONNEL

## ATTESTING OFFICER:

I hereby declare and affirm, under penalty of perjury, that the facts stated herein are accurate to the best of my knowledge, information and/or belief.

Attesting Officer: #19237 GRAMAROSSO, M A [REDACTED] 26 APR 2014 10:35

## ARRESTING OFFICER(S):

			Beat
1st Arresting Officer:	#19237	GRAMAROSSO, M A [REDACTED]	1224R
2nd Arresting Officer:	#16674	LOPEZ, H A [REDACTED]	1224R

## APPROVING SUPERVISOR:

Approval of Probable Cause : #2113 GURTOWSKI, K [REDACTED] 26 APR 2014 10:36



## ARREST PROCESSING REPORT

Holding Facility: Central Male Lockup  
Received in Lockup: 26 April 2014 11:30  
Prints Taken: 26 April 2014 11:40  
Palmprints Taken: Yes  
Photograph Taken: 26 April 2014 11:49  
Released from Lockup: 27 April 2014 08:18

Time Last Fed:  
Time Called: 26 April 2014 11:41 Phone#  
Cell #  
Transport Details : 2PO 1211R 26-APR-2014 05:12

## VISUAL CHECK OF ARRESTEE

Is there obvious pain or injury? Yes  
Is there obvious signs of infection? No  
Under the influence of alcohol/drugs? No  
Signs of alcohol/drug withdrawal? No  
Appears to be despondent? No  
Appears to be irrational? No  
Carrying medication? No

## ARRESTEE QUESTIONNAIRE

Presently taking medication? No  
(If female)are you pregnant? No  
First time ever been arrested? No  
Attempted suicide/serious harm? No  
Serious medical or mental problems? No  
Are you receiving treatment? No  
Transgender/intersex/gender non-conforming? No

## RETURN TO HOLDING FACILITY COMMENTS:

## QUESTIONNAIRE REMARKS:

Treated And Released At Uic Hospital For Contusion Left Eye

## LOCKUP KEEPER COMMENTS:

## EMERGENCY CONTACT

Name : REFUSED

Res:

Beat:

## INTERVIEW LOG

NO INTERVIEWS LOGGED

## VISITOR LOG

NO VISITORS LOGGED



## ARREST PROCESSING REPORT

MOVEMENT LOG	Action	By	Destination	Reason
	RELEASED BY	#1752 Ciolli, John H	26 APR 2014 17:46 Central Male Lockup	
	RECEIVED BY	#16994 Cephas, Rydell	26 APR 2014 17:46	Chest Pains Cfd Amd 41
	RECEIVED BY	#1752 Ciolli, John H	26 APR 2014 21:12 Central Male Lockup	Returned

WC COMMENTS	Watch Commander Comments:	REL w/o CHARGING
	DOES NOT APPLY TO THIS ARREST	

PROCESSING PERSONNEL	ARRESTEE PROCESSING PERSONNEL:			Beat
	Searched By:	#19660 MC CALL JR, J S		
	Lockup Keeper:	#19660 MC CALL JR, J S		
	Assisting Arresting Officer:	#1013 MENDOZA, D T		1220R
	Assisting Arresting Officer:	#12988 GARZA, N E		1214R
	Assisting Arresting Officer:	#19265 KRIV, J B		1293R
	Assisting Arresting Officer:	#2053 RAMIREZ, M		1230R
	Assisting Arresting Officer:	#4610 HOWARD, C		1211R
	Assisting Arresting Officer:	#4827 COLLINS, F		1211R
	Assisting Arresting Officer:	#6060 CANDELARIO, P J		1214R
PROCESSING PERSONNEL	Fingerprinted By:	#19660 MC CALL JR, J S		
	APPROVAL PERSONNEL:			Beat
PROCESSING PERSONNEL	Final Approval of Charges :	#2327 VILLALOBOS, D A	26 APR 2014 13:23	

Name: [REDACTED]

IR No: [REDACTED]

Print

Close



LOG # 1068798

Attachment # 6

Name

IR No

Print

Close

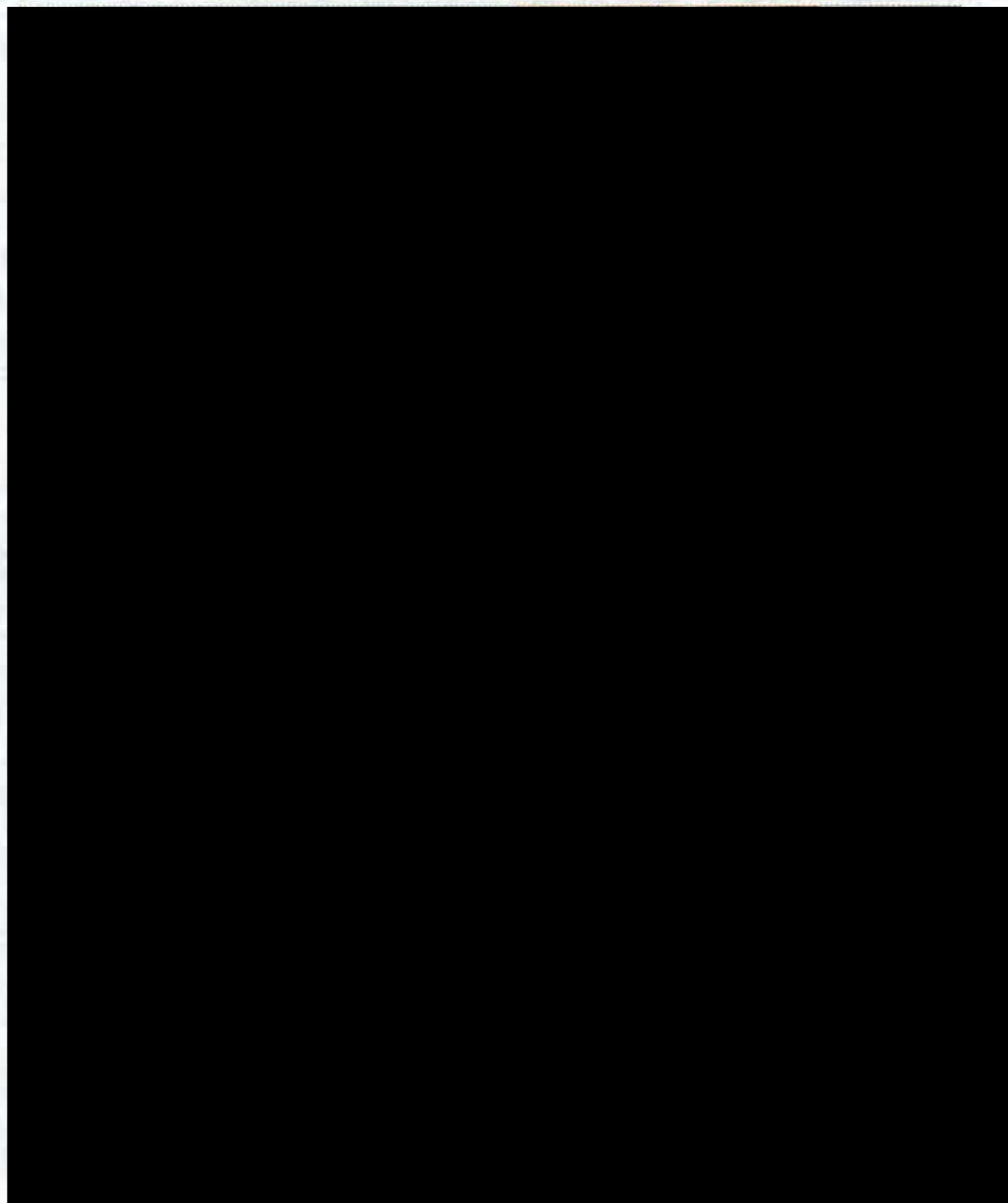


Name

IR No

Print

Close



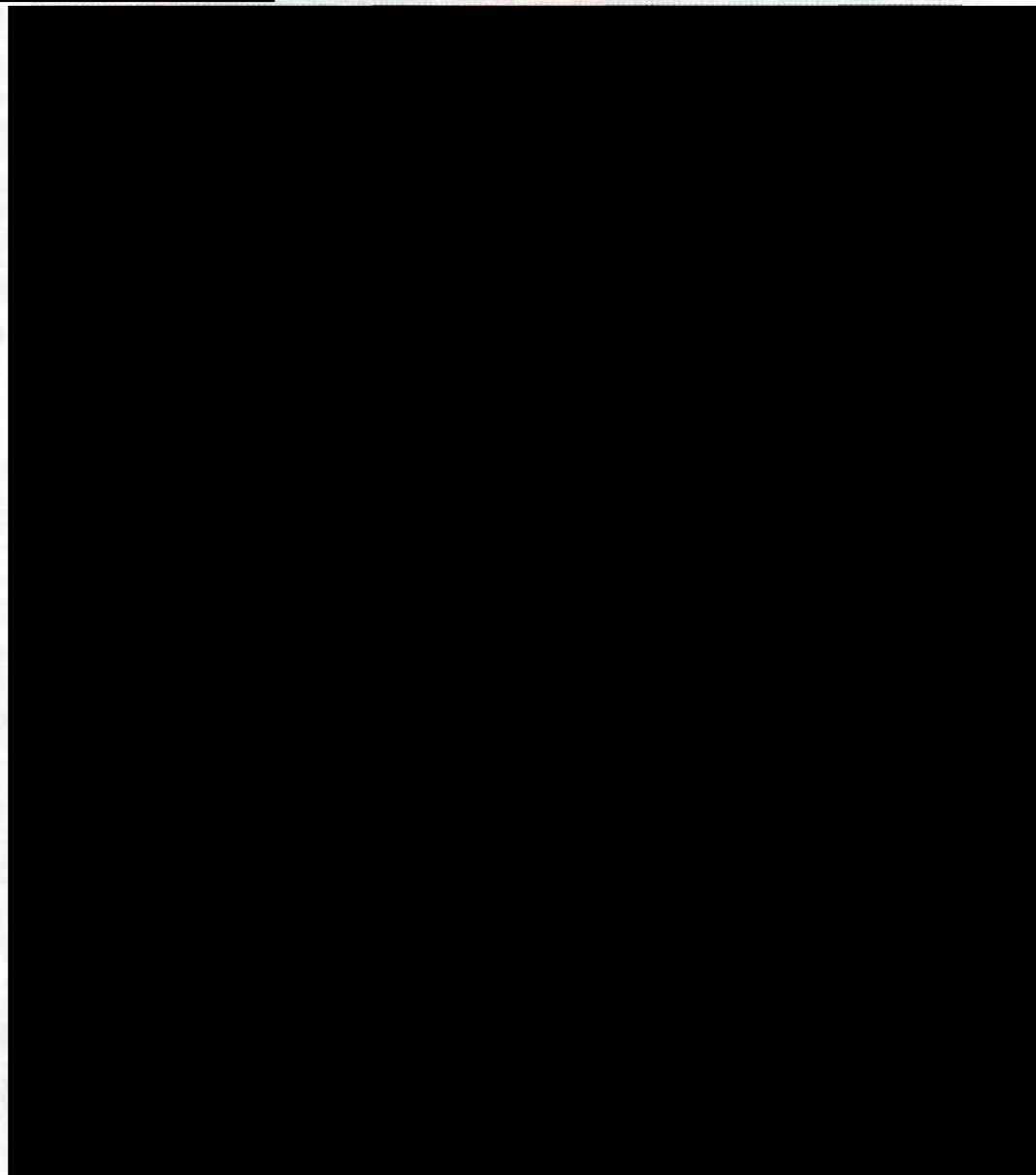


Name

IR No

Print

Close

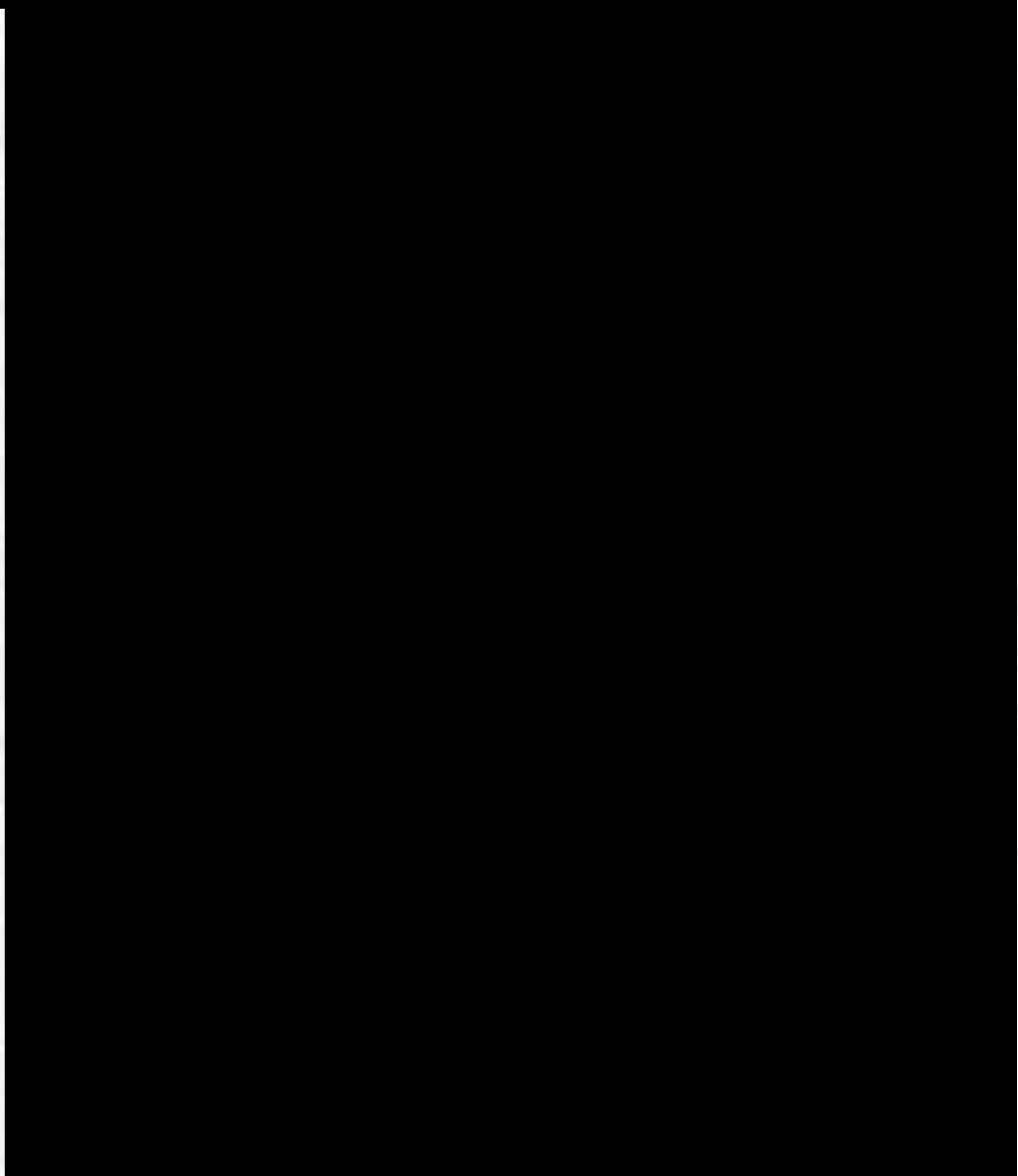


Name

IR No

Print

Close

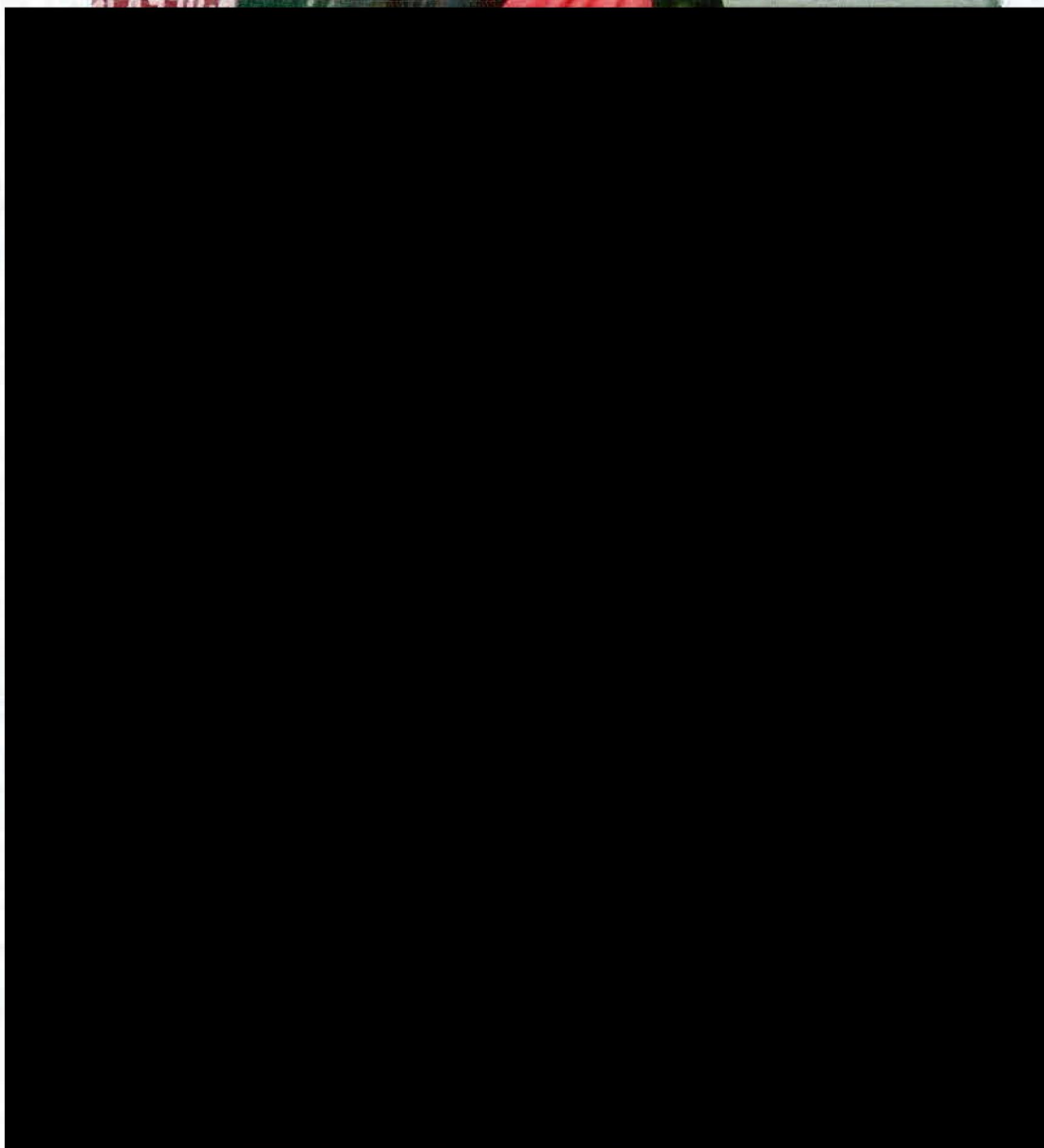


Name

IR No

Print

Close



CHICAGO POLICE DEPARTMENT  
ORIGINAL CASE INCIDENT REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653  
(For use by Chicago Police Department Personnel Only)  
CPD-11.388(6/03)-C

RD # [REDACTED]  
EVENT # [REDACTED]  
Case ID: [REDACTED]

ASSIGNED TO ADMINISTRATIVE PERSONNEL

INCIDENT

IUCR: 0486 - Battery - Domestic Battery Simple

Occurrence Location: [REDACTED]

Beat: 1224

Unit Assigned: 1224R

RO Arrival Date: 26 April 2014 04:32

# Offenders: 1

Occurrence Date: 26 April 2014 04:27

VICTIM - Individual

NON OFFENDER

Name: [REDACTED]

Res: [REDACTED]

Beat: 1134

Beat: 5100

Sobriety: Unknown

Demographics

Male

Black

6'03,

190 lbs

Brown Eyes

Black Hair

Short Hair Style

Medium Brown

Complexion

DOB: [REDACTED]

Age: 34 Years

Birth Place: [REDACTED]

Identification:

Type

State

Number

Other Communications and Availability

Cellular [REDACTED]

Phone: [REDACTED]

VICTIM - Individual

Name: [REDACTED]

Res: [REDACTED]

Beat: 1224

Beat: 5100

Sobriety: Unknown

Demographics

Female

Black

5'03,

120 lbs

Brown Eyes

Black Hair

Medium Hair Style

Medium Brown

Complexion

DOB: [REDACTED]

Age: 27 Years

Birth Place: [REDACTED]

Other Communications and Availability

Cellular [REDACTED]

Phone: [REDACTED]

INJURIES

Injury Info [REDACTED]

Injured by [REDACTED]

Injury Info [REDACTED]

Injured by offender [REDACTED]

SUSPECTS

LOG# 1068798

Attachment # 7  
28-APR-2014 08:02

Suspect # 1		In Custody	
Name:	[REDACTED]	Demographics	
Res:	Beat: 1123	Male	DOB: 04 November 1977
		Black	Age: 36 years
		6'03,	Birth Place: IL
		206 lbs	
		Brown Eyes	Suspected of Using: Alcohol
		Black Hair	
		Shaved Hair Style	
		Medium Brown Complexion	
		Scar Marks Descr:	[REDACTED]
Other Communications and Availability			
Injury Info			
CPD First Aid Given?	Yes	Injury Extent: Minor	
		Hospital:	[REDACTED]
		Physician:	[REDACTED]
Type		Weapon Used	
Bruised		Hand/Feet/Teeth/Etc.	
RELATIONSHIP			
(Victim)		(Offender)	
[REDACTED]	is a	No Relationship of	[REDACTED]
[REDACTED]	Is a	Ex Girlfriend of	[REDACTED]
Order of Protection Info			
Order of Protection #: - IL			
Procedure Notifications			
Transportation Arranged/Provided to Relocate?	Declined	Domestic Info Notice Provided?	Yes
Victim Advised of Hotline #?	Yes	Victim Advised of OOP Procedures?	Yes
		Victim Advised of Warrant Procedures?	Yes
Miscellaneous			
Victim Information Provided		Flash Message Sent ? Yes	
Property #1			
Quantity:	1	Possessor/User:	[REDACTED]
Type:	Structures-Other Dwellings	Used as Weapon?	No
Description:	Kitchen Window	Taken/Stolen?	No
	Owner:		No



OTHER PROPERTIES	Recovered?	
	Damaged?	Yes
	Property #2	Possessor/User: [REDACTED]
	Quantity: 1	Used as Weapon? No
	Type: Structures-Other Dwellings	Taken/Stolen? No
Description: Bedroom Door	Owner: [REDACTED]	Recovered? No
		Damaged? Yes

NOTIFICATIONS	Request Type	Unit	Agency Name	Date	Name
	Request	277	Forensic Services Evidence Technician Section	26 April 2014 05:35	,VIA CITYWIDE 2
	Request Type	Unit	Agency Name	Date	Star #
	On Scene	277	Forensic Services Evidence Technician Section	26 April 2014 08:00	11666
					Beat 5836,GUITERREZ

EVENT: [REDACTED] IN SUMMARY, R/O'S RESPONDED TO A DOMESTIC DISTURBANCE AT THE ABOVE LOCATION [REDACTED]. THE ABOVE OFFENDER [REDACTED], FORMER BOYFRIEND OF THE ABOVE VICTIM [REDACTED], BROKE A KITCHEN WINDOW OF VICTIM [REDACTED]'S RESIDENCE, AND GAINED ENTRY INTO SAID RESIDENCE. OFFENDER [REDACTED] THEN BROKE VICTIM [REDACTED]'S BEDROOM DOOR AND ATTACKED VICTIM [REDACTED] AS SHE GOT OUT OF BED, BY PUSHING VICTIM [REDACTED] ABOUT HER SHOULDERS, CAUSING HER TO FALL TO THE FLOOR, THUS COMMITTING A DOMESTIC BATTERY. VICTIM [REDACTED], WHO IS VICTIM [REDACTED]'S CURRENT BOYFRIEND, AND WHO HAD BEEN SLEEPING IN BED WITH VICTIM [REDACTED], CAME TO VICTIM [REDACTED]'S AID, TO REPELL ANY FURTHER BATTERY. VICTIM [REDACTED] AFTER HIMSELF BEING ATTACKED BY OFFENDER [REDACTED] DEFENDED HIMSELF, BY PUNCHING OFFENDER ABOUT THE FACE WITH CLOSED FIST, AND TAKING OFFENDER TO THE FLOOR AND HOLDING OFFENDER UNTIL R/O'S ARRIVAL. DESPITE ADMITTING THAT SHE WAS A VICTIM OF OFFENDER [REDACTED]'S DOMESTIC BATTERY, AND DESPITE THE DAMAGE TO VICTIM [REDACTED]'S PROPERTY, VICTIM [REDACTED] DID NOT WANT TO SIGN COMPLAINTS AGAINST OFFENDER [REDACTED]. IN R/O'S PRESENCE, OFFENDER MADE TREATS TOWARDS BOTH VICTIM [REDACTED] AND VICTIM [REDACTED] BY STATING "I'M GOING TO KILL YOU BOTH, I SWEARS TO GOD I'M GOING TO KILL YOU"! THUS COMMITTING AN ASSAULT. NEITHER VICTIMS WANTED TO SIGN COMPLAINTS AGAINST OFFENDER [REDACTED]. THEREFORE, R/O GRAMAROSSO #19237, SIGNED COMPLAINTS ON BEHALF OF VICTIM [REDACTED] FOR THE ASSAULT IN WHICH R/O'S WERE WITNESS TO AND ALSO FOR THE DOMESTIC BATTERY, IN WHICH BOTH VICTIMS ADMITTED TO HAVING OCCURRED. NEITHER VICTIMS SHOWED ANY PHYSICAL INJURIES AND REFUSED ANY AND ALL MEDICAL ATTENTION WHEN OFFERED BY R/O'S. DURING THE INITIAL INVESTIGATION, OFFENDER [REDACTED] STATED TO BOTH SGTS ON SCENE, BEAT 1220R AND 1230R, THAT HE SUSTAINED HIS INJURIES BY BEING STRUCK BY R/O (P.O. GRAMAROSSO #19237). A C.L. NUMBER WAS INITIATED BY BEAT 1230R, SGT RAMIREZ #2053. UPON OFFENDER [REDACTED] BEING PLACED INTO CUSTODY, OFFENDER [REDACTED] WAS TRANSPORTED TO [REDACTED] BY BEAT 1211R. OFFENDER WAS TREATED BY E.R. [REDACTED] FOR BRUISING AND SWELLING TO THE FACE AND LEFT EYE, AND RELEASED FOLLOWING NEGATIVE C.A.T. SCAN RESULTS. R/O'S REQUESTED AN E.T. VIA CITYWIDE 2 AT 0535 HRS TO TAKE PHOTO'S OF OFFENDER [REDACTED]'S INJURIES AND PHOTOS OF DAMAGE TO THE KITCHEN WINDOW, AND BEDROOM DOOR, AT VICTIM'S RESIDENCE. E.T. BEAT 5836 GUITERREZ #11666 ARRIVED IN 012 DISTRICT STATION AT 0800 HRS AND PHOTOGRAPHED OFFENDER'S INJURIES. R/O'S WERE INFORMED BY E.T. GUITERREZ, THAT VICTIM [REDACTED] DID NOT ANSWER THE DOOR AT HER RESIDENCE OR ANSWER HER PHONE, THUS E.T. GUITERREZ WAS NOT ABLE TO PHOTOGRAPH SAID PROPERTY DAMAGE. VICTIM GIVEN VICTIM INFO SHEET AND DOMESTIC VIOLENCE SHEET AND ALL INVOLVED PARTIES NOTIFIED OF COURT INFO. BRANCH:61-2 DATE:14 MAY 14

- STAR#: 19237 NAME: MICHAEL GRAMAROSSO BEAT: 1224R
- STAR#: 16874 NAME: HECTOR LOPEZ BEAT: 1224R
- STAR#: 1013 NAME: DAVID MENDOZA BEAT: 1220R
- STAR#: 2053 NAME: MISAEL RAMIREZ BEAT: 1230R
- STAR#: 4610 NAME: CYNTHIA HOWARD BEAT: 1211R
- STAR#: 4827 NAME: FREDERICK COLLINS BEAT: 1211R
- STAR#: 6060 NAME: PAMELA CANDELARIO BEAT: 1214R
- STAR#: 12988 NAME: NORA GARZA BEAT: 1214R
- STAR#: 19265 NAME: JEFFREY KRIV BEAT: 1293R
- STAR#: 14129 NAME: MARCELLO RODRIGUEZ BEAT: 1225R
- STAR#: 12905 NAME: ROSS ALEXANDER BEAT: 1225R



## Chicago Police Department - Incident Report

PERSONNEL		Star No	Emp No	Name	User	Date	Unit	Beat
	Approving Supervisor	1013		MENDOZA, David, T		26 Apr 2014 09:01	012	
	Reporting Officer	19237		GRAMAROSSO, Michael A		26 Apr 2014 09:00	012	1224R

CHICAGO POLICE DEPARTMENT  
CASE SUPPLEMENTARY REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653  
(For use by Chicago Police - Bureau of Investigative Services Personnel Only)

METHOD/CAU CODE			DETECTIVE SUP. APPROVAL COMPLETE		
Last Offense Classification/Re-Classification	IUCR Code	Original Offense Classification			IUCR Code
BATTERY / Domestic Battery Simple	0486	BATTERY / Domestic Battery Simple			0486
Address of Occurrence	Beat of Occur	No of Victims	No of Offenders	No of Arrested	SCR No
	1224	2	1	1	
Location Type	Location Code	Secondary Location			Hate Crime?
Residence	290				NO
Date of Occurrence	Unit Assigned	Date RO Arrived	Fire Related?	Gang Related?	Domestic Related?
26-APR-2014 04:27	1224R	26-APR-2014 04:32	NO	NO	NO
Reporting Officer	Star No	Approving Supervisor	Star No	Primary Detective Assigned	Star No
VAN BEVEREN, Joy	21219	VAN BEVEREN, Joy	21219		
Date Submitted	Date Approved		Assignment Type		
26-APR-2014 11:48	26-APR-2014 11:49		ADMIN		

THIS IS A ADMIN INVESTIGATION METHOD/CAU CODE REPORT

VICTIM(S) :

TYPE: Individual

Male / Black / 34 Years

DOB:

RES:

BIRTH

DESCRIPTION: 6'03,190,Black Hair, Short Hair Style, Brown Eyes,  
Medium Brown Complexion

SOBRIETY: Unknown

OTHER COMMUNICATIONS:

Cellular  
Phone :

OTHER IDENTIFICATIONS: Type -  
State -

TYPE: Individual

Female / Black / 27 Years

DOB:

RES:

BIRTH

DESCRIPTION: 5'03,120,Black Hair, Medium Hair Style, Brown Eyes,  
Medium Brown Complexion

SOBRIETY: Unknown

OTHER COMMUNICATIONS:

Cellular  
Phone :

LOG# 1068798

Attachment# 8

-- In Custody --

OFFENDER(S):

Male / Black / 36 Years

**DESCRIPTION:** 6'03,206,Black Hair, Shaved Hair Style, Brown Eyes, Medium Brown Complexion

**SCAR MARKS:**

**ITEM USED:**

Alcohol

**OTHER IDENTIFICATIONS:** Type -  
State -

**RELATIONSHIP OF VICTIM TO OFFENDER:**

Ex Girlfriend  
No Relationship

**VICTIM INJURIES**

Injured by Offender

Injured by Offender

**LOCATION OF INCIDENT:**

**DATE & TIME OF INCIDENT:**

26-APR-2014 04:27

**METHOD CODE(S):**

Domestic Incident

**CAU CODE(S):**

Domestic Incident

**OTHER PROPERTY DAMAGED:**

**PROPERTY TYPE:** Structures-Other Dwellings  
Kitchen Window

**OWNER:**

**POSSESSOR/USER:**

**QUANTITY:** 1

**PROPERTY TYPE:** Structures-Other Dwellings  
Bedroom Door

**OWNER:**

**POSSESSOR/USER:**

**QUANTITY:** 1

**DOMESTIC INCIDENT INFORMATION:**

**VIOLATION TYPE:**

**ORDER OF PROTECTION:**

**STATE CODE:** Illinois

**VICTIM ADVISEMENT:** Victim Advised Of Hotline Number

**VICTIM ADVISED OP PROCS:** Yes

VICTIM ADVISED WARR PROCS: Yes

Domestic Info was Provided

Transportation was Declined

## PERSONNEL ASSIGNED:

Reporting Officer

GRAMAROSSO, Michael A # 19237 BEAT: 1224R

## CRIME CODE SUMMARY:

0486 - Battery - Domestic Battery Simple

## IUCR ASSOCIATIONS:

0486 - Battery - Domestic Battery Simple

( Offender )

( Victim )

( Offender )

( Victim )

## INCIDENT NOTIFICATIONS:

NOTIFICATION DATE &amp; TIME: 04/26/2014:053500

REQUEST TYPE: Request

PERSON NAME: ,Via Citywide 2

STAR #:

EMP #:

NOTIFICATION DATE &amp; TIME: 04/26/2014:080000

REQUEST TYPE: On Scene

PERSON NAME: Beat 5836,Guiterrez

STAR #: 11666

EMP #:

## REPORT DISTRIBUTIONS:

No Distribution



CHICAGO POLICE DEPARTMENT  
EVENT QUERY

26-APR-2014 PAGE 1

Event # [REDACTED]

Type	Location	Date	Pri	DG	Svc Beat	Disp
DD	[REDACTED]	26-APR-2014 04:27:47	1A	012	1224	0486
Source	Response Level	Caller	Phone			
E	1	[REDACTED]				
Address of Occurrence					Occ Beat	
[REDACTED]					1224	

## Event Chronology

Date	Activity	Wkstn	Person	Text
26-APR-2014 04:27:02	REC			
26-APR-2014 04:27:05	REBID	PCT25		Phase I: X , Y , Location [REDACTED]
26-APR-2014 04:27:40	ALERT	PCT25		Go to Card [DD]
26-APR-2014 04:27:45	SIN	PCT25		999 GUNS OR OTHER WEAPONS PRESENT? (U)
26-APR-2014 04:27:47	ENTRY	PCT25		*** DETAILS TO FOLLOW ***EventLocation, Floor, CallerLocation, CallerName have been changed.
26-APR-2014 04:28:06	CHNG	PCT25		Remarks Entered;
26-APR-2014 04:28:20	CHNG	PCT25		Remarks Entered;
26-APR-2014 04:28:39	DSP	PD63		1224R
26-APR-2014 04:28:43	CHNG	PCT25		Remarks Entered;
26-APR-2014 04:28:44	ACK	PMDT4900		1224R
26-APR-2014 04:29:00	CHNG	PCT25		Remarks Entered;
26-APR-2014 04:30:00	CHNG	PCT25		Remarks Entered;
26-APR-2014 04:30:17	CHNG	PCT25		Remarks Entered;
26-APR-2014 04:30:37	CHNG	PCT25		Remarks Entered;
26-APR-2014 04:31:27	XREF	PD62		[REDACTED] by PD62, Unit 1224R, Unit 1224R
26-APR-2014 04:32:11	SUPP	PD62		Remarks Added
26-APR-2014 04:36:10	ASST	PD62		1225R
26-APR-2014 04:36:15	ASST	PD62		1241R
26-APR-2014 04:36:32	ACK	PMDT5501		1241R
26-APR-2014 04:37:05	ASST	PD62		1222R 1220R
26-APR-2014 04:37:20	ASST	PD62		1230R 1233HR
26-APR-2014 04:37:27	ONS	PD63		1222R
26-APR-2014 04:37:28	ONS	PD62		1222R
26-APR-2014 04:37:35	SUPP	PD62		Remarks Added
26-APR-2014 04:37:37	MISC	PD63		1222R SLOW DOWN
26-APR-2014 04:38:13	MISC	PD63		1220R SLOW DOWN
26-APR-2014 04:38:17	SUPP	PD62		Remarks Added
26-APR-2014 04:40:58	ASST	PD62		1293R
26-APR-2014 04:44:48	ACK	PMDT5643		1222R
26-APR-2014 04:45:01	ACK	PMDT5623		1293R

LOG #

1068798

Attachment #

9

CHICAGO POLICE DEPARTMENT  
EVENT QUERY

26-APR-2014 PAGE 2

Event # [REDACTED]

## Event Chronology

Date	Activity	Wkstn	Person	Text
26-APR-2014 04:45:14	CLEAR	PMDT5643	[REDACTED]	1222R
26-APR-2014 04:45:24	ACK	PMDT5473	[REDACTED]	1225R
26-APR-2014 04:47:15	CLEAR	PMDT5526	[REDACTED]	1233HR
26-APR-2014 04:47:22	CLEAR	PMDT5473	[REDACTED]	1225R
26-APR-2014 04:50:47	CLEAR	PMDT5623	[REDACTED]	1293R
26-APR-2014 04:56:27	ASST	PD63	[REDACTED]	1214R
26-APR-2014 05:12:30	ASST	PD63	[REDACTED]	1211R
26-APR-2014 05:12:42	CLOC	PD63	[REDACTED]	1211R [UIC W/1]
26-APR-2014 05:12:48	CLOC	PD62	[REDACTED]	1211R [UIC W/1 FOR 24R]
26-APR-2014 05:13:24	CASERD	PD62	[REDACTED]	RDG Report Number [REDACTED] D/0486 By: [REDACTED]
26-APR-2014 05:15:45	AUTPRE	PMDT5501	[REDACTED]	1241R
26-APR-2014 05:16:49	ASST	PD62	[REDACTED]	1225R [UIC W/1 FOR 11R RELIEF]
26-APR-2014 05:17:35	ACK	PMDT5473	[REDACTED]	1225R
26-APR-2014 05:26:05	ACK	PMDT4904	[REDACTED]	1214R
26-APR-2014 05:26:28	REMINQ	PMDT4900	[REDACTED]	1224R Veh-> [REDACTED] LIS/IL LIT/TM
26-APR-2014 05:26:58	CLOC	PMDT4904	[REDACTED]	1214R [UIC ]
26-APR-2014 05:27:27	ACK	PMDT4899	[REDACTED]	1220R
26-APR-2014 05:30:19	ACK	PMDT5437	[REDACTED]	1230R
26-APR-2014 05:31:57	CLOC	PD62	[REDACTED]	1220R [012 W/ARR]
26-APR-2014 05:31:57	CLOC	PD62	[REDACTED]	1224R [012 W/ARR]
26-APR-2014 05:44:45	SCHOFF	PMDT5437	[REDACTED]	Unit #1230R scheduled for Logoff
26-APR-2014 05:54:06	ACK	PMDT5636	[REDACTED]	1211R
26-APR-2014 05:57:37	COPYT	PDTS103	[REDACTED]	Copied To Event(s) [REDACTED]
26-APR-2014 06:14:18	PCCHNG	PD62	[REDACTED]	Papercar changed from 1224R to 1225R
26-APR-2014 06:14:22	CLEAR	PD62	[REDACTED]	1211R
26-APR-2014 06:32:57	ASST	PD63	[REDACTED]	1231A
26-APR-2014 06:33:00	PCCHNG	PD63	[REDACTED]	Papercar changed from 1225R to 1231A
26-APR-2014 06:33:18	CLOC	PD63	[REDACTED]	1231A [UIC W/1]
26-APR-2014 06:33:27	CLEAR	PD63	[REDACTED]	1231A 1224R 1220R 1230R 1214R 1225R
26-APR-2014 06:33:27	CLOSE	PD63	[REDACTED]	
	RMKS		[REDACTED]	*** WIRELESS CALL ***
	RMKS		[REDACTED]	GUNS OR OTHER WEAPONS PRESENT?(U)
	RMKS		[REDACTED]	
	RMKS		[REDACTED]	*** DETAILS TO FOLLOW ***
	RMKS		[REDACTED]	OFF IS NOW FIGHTING HER
	RMKS		[REDACTED]	C/S OFF BUSTED HER WINDOWS NOW
	RMKS		[REDACTED]	ARGUING WITH OFF
	RMKS		[REDACTED]	LINE OPEN CALLER YELLING AT OFF
	RMKS		[REDACTED]	TO GET OUT OF HOUSE
	RMKS		[REDACTED]	LINE DISCONNECT

CHICAGO POLICE DEPARTMENT  
EVENT QUERY

26-APR-2014 PAGE 3

Event # [REDACTED]

Event Chronology

Date	Activity	Wkstn	Person	Text
	RMKS			C/B LINE OPEN FEMALE SCREAMING
				FIGHTING WITH OFF
	RMKS			LINE DISCONNECT AGAIN
	RMKS			NFI
	RMKS			03141 -- VICTIM IN BSMT APT -- PER
				NABOR [REDACTED]
				Apr-26-14 / 04:31:06 [REDACTED] PCT58
				C/S SHE HEARD SOMEBODY BUST IN HER
				NEIGHBOR'S WINDOW IN, AND A FEMALE
				YELLING FOR HELP, TELLING THE MAN
				TO GET OUT OF HER APT.. NFI
				Apr-26-14 / 04:31:06 [REDACTED] PCT58
				*** WIRELESS CALL ***
	RMKS			SLOW DOWN GIVEN
	RMKS			SLOW DOWN PER 1220R

Unit Summary

Unit	Dispatch	Enroute	Onscene	T	TA	TC	Clear
1224R	04:28:39	05:31:57					06:33:27
1225R	04:36:10						04:47:22
1241R	04:36:15						05:15:45
1222R	04:37:05		04:37:27				04:45:14
1220R	04:37:05	05:31:57					06:33:27
1230R	04:37:20						06:33:27
1233H	04:37:20						04:47:15
R							
1293R	04:40:58						04:50:47
1214R	04:56:27	05:26:58					06:33:27
1211R	05:12:30	05:12:42					06:14:22
1225R	05:16:49						06:33:27
1231A	06:32:57	06:33:18					06:33:27

CHICAGO POLICE DEPARTMENT  
EVENT QUERY

26-APR-2014 PAGE 1

Event # [REDACTED]

Type	Location	Date	Pri	DG	Svc Beat	Disp
PERHLP	[REDACTED]	26-APR-2014 04:31:06	1A	012	1224	

Source	Response Level	Caller	Phone
E	1	[REDACTED]	[REDACTED]

Address of Occurrence	Occ Beat
[REDACTED]	1224

Event Chronology

Date	Activity	Wkstn	Person	Text
26-APR-2014 04:30:07	REC			
26-APR-2014 04:31:06	ENTRY	PCT58	[REDACTED]	EventLocation, Floor, CallerLocation, CallerName have been changed.
26-APR-2014 04:31:27	XREF	PD62	[REDACTED]	[REDACTED] by PD62, Unit 1224R, Unit 1224R
26-APR-2014 04:31:27	DUP RMKS RMKS	PD62	[REDACTED]	*** WIRELESS CALL *** C/S SHE HEARD SOMEBODY BUST IN HER NEIGHBOR'S WINDOW IN, AND A FEMALE YELLING FOR HELP, TELLING THE MAN TO GET OUT OF HER APT.. NFI



CHICAGO POLICE DEPARTMENT  
EVENT QUERY

26-APR-2014

PAGE

1

Event #

Type	Location	Date	Pri	DG	Svc Beat	Disp
ETECH2		26-APR-2014 05:57:37	2A	CW2	1224	
Source	Response Level	Caller			Phone	
S						
Address of Occurrence					Occ Beat	
					1224	

## Event Chronology

Date	Activity	Wkstn	Person	Text
26-APR-2014 05:57:37	ENTRY	PDTS103		
26-APR-2014 04:27:45	SIN	PCT25		999 GUNS OR OTHER WEAPONS PRESENT? (U)
26-APR-2014 05:53:12	ALERT	PDTS103		Go to Card [ET2]
26-APR-2014 05:57:37	COPYF	PDTS103		Copied From Event
26-APR-2014 05:57:37	COPYF	PDTS103		Copied 13 remarks from Event #
26-APR-2014 07:15:24	ALERT	PDTS103		Go to Card [ET2]
26-APR-2014 07:15:45	CHNG	PDTS103		Remarks Entered;Triage Data Entered;
26-APR-2014 07:16:15	DSP	PDTS103		5836
26-APR-2014 07:16:38	ACK	PMDT6312		5836
26-APR-2014 07:38:34	ONS	PMDT6312		5836
26-APR-2014 07:43:31	ALERT	PDT97		Go to Card [ET2]
26-APR-2014 07:43:35	CHNG	PDT97		Remarks Entered;Triage Data Entered;
26-APR-2014 07:48:50	ONS	PMDT6312		5836
26-APR-2014 07:52:45	CLOC	PDTS103		5836 [ 012]
26-APR-2014 08:41:27	CLEAR	PDTS103		5836
26-APR-2014 08:41:27	CLOSE	PDTS103		
	RMKS			*** WIRELESS CALL ***
	RMKS			GUNS OR OTHER WEAPONS PRESENT?(U)
	RMKS			
	RMKS			*** DETAILS TO FOLLOW ***
	RMKS			OFF IS NOW FIGHTING HER
	RMKS			C/S OFF BUSTED HER WINDOWS NOW
	RMKS			ARGUING WITH OFF
	RMKS			LINE OPEN CALLER YELLING AT OFF
	RMKS			TO GET OUT OF HOUSE
	RMKS			LINE DISCONNECT
	RMKS			C/B LINE OPEN FEMALE SCREAMING
	RMKS			FIGHTING WITH OFF
	RMKS			LINE DISCONNECT AGAIN
	RMKS			NFI
	RMKS			03141 -- VICTIM IN BSMT APT -- PER
				Apr-26-14 / 04:31:06 PCT58
				C/S SHE HEARD SOMEBODY BUST IN HER

Event # [REDACTED]

## Event Chronology

Date	Activity	Wkstn	Person	Text
				NEIGHBOR'S WINDOW IN, AND A FEMALE YELLING FOR HELP, TELLING THE MAN TO GET OUT OF HER APT.. NFI Apr-26-14 / 04:31:06 C113107 PCT58 *** WIRELESS CALL ***
	RMKS			SLOW DOWN GIVEN
	RMKS			SLOW DOWN PER 1220R
	RMKS			*** Copy from [REDACTED] to [REDACTED] *** RD Records copied: [REDACTED] 0486 was last disposition copied from event [REDACTED]
	RMKS			BT 1224R UCR 0486 [REDACTED] DOM BATT VICTIM [REDACTED] [REDACTED] OFFENDER IN CUSTODY PHOTOS OF BROKEN WINDOW AND BEDROOM DOOR ALSO NEED PHOTOS OF OFFENDER @ [REDACTED] EMERGENCY ROOM BED 2 [REDACTED] [REDACTED] BT 1225R SITTING ON PRISONER FACE AND HANDS GUNS OR OTHER WEAPONS PRESENT?(U)
	RMKS			
	RMKS			OFFENDER NOW IN 012 FOR PHOTOS vm on cb
	RMKS			

## Unit Summary

Unit	Dispatch	Enroute	Onscene	T	TA	TC	Clear
5836	07:16:15	07:52:45	07:38:34				08:41:27

**INDEPENDENT POLICE REVIEW AUTHORITY**26 April 2014  
Log #1068798

TO: Chief Administrator  
Independent Police Review Authority

FROM: Inv. Daniel Neubeck #154

SUBJECT: Attempt to Interview [REDACTED]

On 26 April 2014 at 1720 hours, the R/I arrived at Central Detention, Unit 171, located at 1718 South State Street and met with Sgt. John Ciolli #1752. The R/I relayed to Sgt. Ciolli that the R/I needed to speak with an inmate named [REDACTED] in reference to Log #1068798. Sgt. Ciolli indicated that [REDACTED] was awaiting an ambulance because he complained of chest pains. Sgt. Ciolli allowed the R/I to briefly speak to [REDACTED] while [REDACTED] was waiting for an ambulance and transport officers. The R/I identified himself to [REDACTED] and asked [REDACTED] if he would like to provide a statement in reference to his contact with the police. [REDACTED] indicated that he would like to provide a statement. The R/I asked [REDACTED] if the injuries that were visible on his face were caused by the police and [REDACTED] related that they were not. [REDACTED] indicated that he sustained the facial injuries from an altercation with a man at his girlfriend's residence. [REDACTED] stated that he didn't believe he sustained any visible injuries from the police officers. [REDACTED] related that the officers "roughed him up" and threw him on the ground.

[REDACTED] stated that he would sign a Sworn Affidavit at a later time and provide a statement to IPRA. At 1731 hours the R/I observed Chicago Fire Department personnel and two uniformed Chicago Police Officers through the glass window of the interview room. Sgt. Ciolli entered and indicated that [REDACTED] would have to provide a statement at later time because the ambulance and transport officers were on-scene. Sgt. Ciolli related that [REDACTED] was being transported to [REDACTED] by Ambulance 41. Sgt. Ciolli stated that he would call IPRA if and when [REDACTED] returned to Central Detention.

D. Neubeck #154  
Inv. Daniel Neubeck #154

APPROVED: [Signature] #20  
IPRA Supervisor

Log # 1068798  
Att # 10

**CHICAGO POLICE DEPARTMENT  
CRIME SCENE PROCESSING REPORT  
3510 South Michigan Avenue  
Chicago, Illinois 60653**

(for use by Chicago Police Department Personnel Only)



Report No. [REDACTED]  
Incident [REDACTED]  
Event No. [REDACTED]  
Status: **APPROVED**

Report No.: [REDACTED] Unit Assigned (Beat): **5836** ME No.:

IUCR: **0486 BATTERY DOMESTIC BATTERY SIMPLE**

Assignment Type: **PHOTO REQUEST** Requested By **1224R**

No Service: **NO** ERT Assignment: **NO** Secured: **NO**

Date / Time Received: **26-APR-2014 07:16** Arrived: **26-APR-2014 07:40** Completed: **26-APR-2014 08:40**

Address of Service [REDACTED] **BEAT: 1224**

Address of Incident [REDACTED] **BEAT: 1224**

Associated Incidents

**Investigating Officers and Technicians**

Evidence Technician **GUTIERREZ, HIRAM** Star No: **11666** Unit: **277**

**Involved People**

Name	Sex	Race	Age	D.o.B.	IR No.	CB No.
Victim [REDACTED]	<b>FEMALE</b>					

**Inventories**

None

**Inventory Items**

None

**Firearms**

None

**Crime Scene Photos**

Crime Scene Video Exists **NO**

Photo Type	Media Type	Scale Used	Photo Description
<b>BOTH (OVERALL/CLOSE UP)</b>	<b>DIGITAL</b>		<b>BRUISES TO FACE AND EYE TO ARRESTEE [REDACTED] M/1/35 IN 012TH DISTRICT LOCK UP</b>
<b>OVERALL</b>	<b>DIGITAL</b>		<b>I.D. PHOTO ARRESTEE WILFORD [REDACTED] M/1/35 CB# [REDACTED]</b>

**Involved Vehicles**

None

**Narrative**

R/T ASSIGNED TO [REDACTED] TO TAKE PHOTOS OF DOMESTIC BATTERY VICTIM [REDACTED] UPON ARRIVAL WAS UNABLE TO MAKE CONTACT WITH SAME, ATTEMPT BY O.E.C. VIA TELEPHONE ALSO PROVED NEGATIVE. BLUE CARD LEFT AT SCENE. R/T THEN RELOCATED TO 012TH DISTRICT STATION AND TOOK LISTED PHOTOS OF ARRESTEE [REDACTED] CB# [REDACTED]

Submitted by **GUTIERREZ HIRAM** Star No **11666** on **26-APR-2014 08:40**

Approved by **MADSEN ERIK A** Star No **969** on **26-APR-2014 08:42**

LOG# 1068798


Attachment: 3 //



# REQUEST FOR CRIME SCENE / EVIDENCE PHOTOGRAPHS

Forensic Services - Photography Section  
Chicago Police Department

INSTRUCTIONS: COMPLETE ALL APPLICABLE BOXES AND FORWARD TO  
UNIT 177 - FORENSIC PHOTOGRAPHY SECTION

REQUESTED BY - NAME <b>MAIRA WEBB</b>		STAR No. <b>112</b>	UNIT OF ASSIGNMENT <b>IPRA</b>	BELL/PAX <b>0113</b>
RECORDS DIVISION No. [REDACTED]	LOG No. / CR No. <b>1068798</b>	RELATED No. .		TYPE OF CASE / CRIME
DATE OF CRIME / INCIDENT <b>26 Apr 2014</b>	DATE PHOTOS WERE TAKEN <b>26 Apr 2014</b>	DEPT. MEMBER WHO TOOK PHOTOS (IF KNOWN) <b>Hiram Gutierrez #11666</b>		
REASON FOR REQUEST <input type="checkbox"/> EVIDENCE IN COURT <input checked="" type="checkbox"/> INVESTIGATION <input type="checkbox"/> OTHER (EXPLAIN) <b>1 Set please</b>				
APPROVED BY (SIGNATURE OF REQUESTER'S UNIT COMMANDING OFFICER) 		STAR No. <b>#21</b>	DATE <b>27 Apr 2014</b>	

## TO BE COMPLETED BY THE FORENSIC PHOTOGRAPHY SECTION

<input checked="" type="checkbox"/> REQUEST PROCESSED	_____
<input type="checkbox"/> REQUEST DENIED	_____
<input type="checkbox"/> NO RECORD ON FILE	_____

CPD-33.713 (Rev. 8/07)

LOG# 1068798  
Attachment 12

PHOTOGRAPHIC EVIDENCE COVERSHEET

DATE TAKEN: 26 Apr 14

TAKEN BY: PO H. GUTHERREZ, #17666

PHOTOGRAPH(S) OF [REDACTED]

RECORDED UNDER  
(RD#/LOG#): [REDACTED]

TOTAL# OF PHOTOGRAPHS IN  
GROUP: 6

Log# 1068798  
Att# 13

RD N

**OFFENSE/INCIDENT**

DOM. BATTERY

**DATE & TIME PHOTOS TAKEN**

26 APR 14 - 0745

**PHOTOGRAPHER'S NAME**

**STAR NO.**

**UNIT**

H. EUTIERREZ 11666 277

CPD-33.715 (1/85) PHOTO IDENTIFICATION CARD













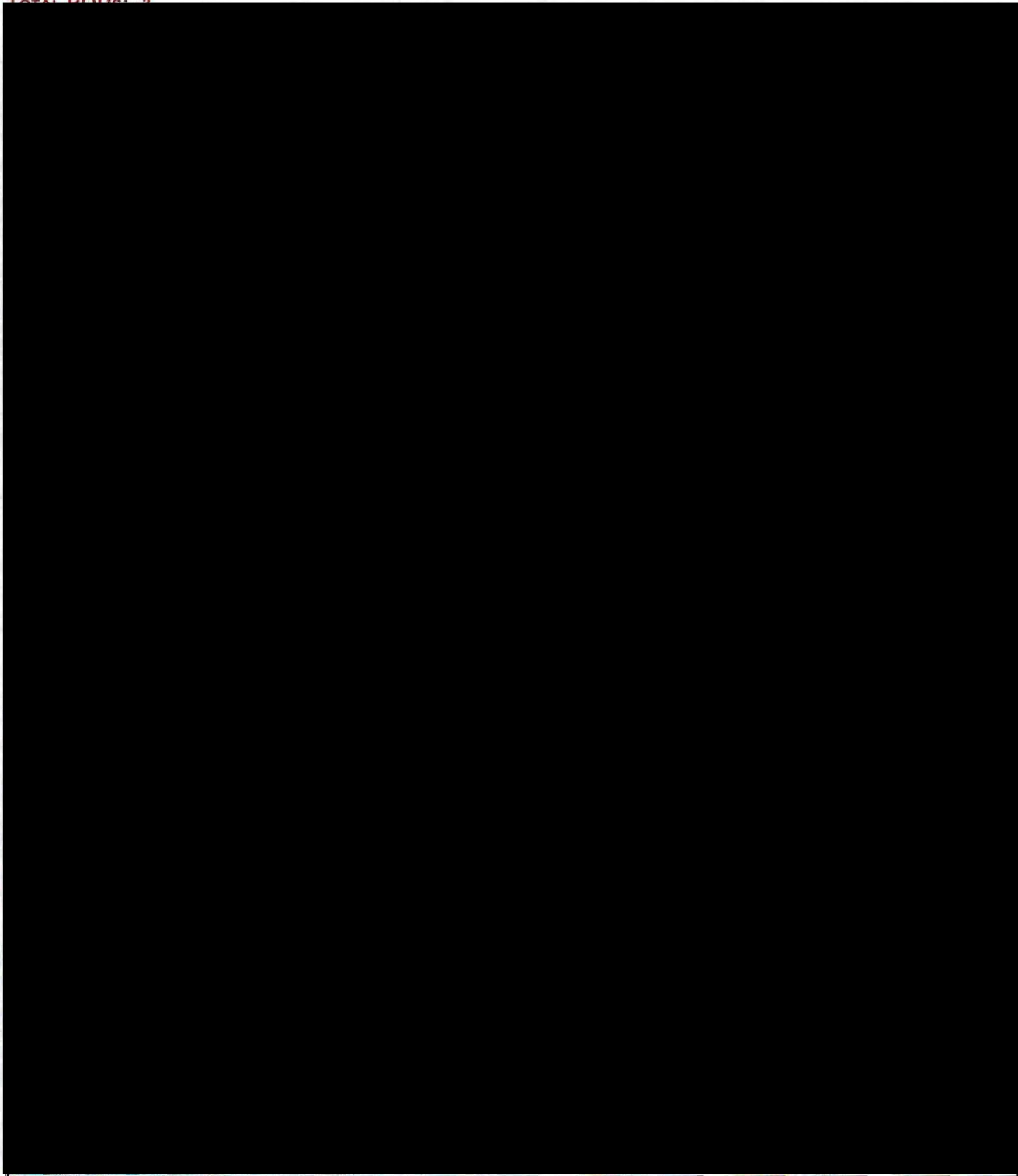




## POLICE OBSERVATION DEVICES (PODs)

INSTALLATION DATE: 2005-01-01 TO 2014-04-27 TYPE: ALL WIRELESS: ALL STATUS: ALL OWNER: ALL  
ADDRESS [REDACTED] - SEARCH DISTANCE: 660FT.

Total PODs: 1



LOG # 1268798

<http://167.165.43.40/servlet/com.esri.esrimap.Esrimap?ServiceName=clearMap lov&Client=14/27/2014>



Print |  
Logout |  
Help

Tactical Response Report

Home » Tactical Response Report

Involved Member: Emp No.

Star No.

Name

Related CB No.

RD No. [REDACTED]

Event No.

District of Occurrence

Status --Select--

Unit

Incident Date Range: From



To



☐ WITH OBR?

[REDACTED] [REDACTED] [REDACTED]

### Search/Edit Tactical Response Reports

No records match your search criteria.

User: [REDACTED]  
Module: 15200 \$Revision: 1.224 \$

Copyright © 2002. All rights reserved.

Attachment# 5

LOG# 1068798



INDEPENDENT POLICE REVIEW AUTHORITY  
CITY OF CHICAGO

31 May 2014  
Log# 1068798

[REDACTED]

Dear [REDACTED]

The Independent Police Review Authority has been assigned to investigate a complaint registered on 26 April 2014, by you. Please contact me as soon as possible for the purpose of arranging an appointment with you to be interviewed.

Please call me at (312) 745-3609 ext. 1074 between the hours of 8:00 a.m. to 4:00 p.m.

There is someone to answer our telephone from 7:00 a.m. to 11:00 p.m., seven days a week. If I am not available, just leave your name and telephone number where you may be reached. I will return your call as soon as I receive the message.

The fullest investigation of this complaint is possible only if I can have your cooperation. We hope to hear from you shortly.

Sincerely,

Investigator Vincent L. Jones, #141

LOG# 1068798

Attachment# 16



INDEPENDENT POLICE REVIEW AUTHORITY  
CITY OF CHICAGO

31 May 2014



Patient Name: [REDACTED]  
Treatment: on or about 26 April 2014  
Date of Birth: [REDACTED]

To Whom It May Concern:

The Independent Police Review Authority (IPRA) is requesting your cooperation to secure Medical Records relative to a patient that received medical services at your facility.

A Law Enforcement Official's Request for Protected Health Information is attached.

Please forward any and all medical documentation concerning the patient and service date(s) as indicated on the release form.

Please mail these documents to:

Independent Police Review Authority  
c/o Investigator Vincent L. Jones, #141 Log # 1068798  
1615 West Chicago Avenue, 4<sup>th</sup> Floor  
Chicago, Illinois 60622

If you have any questions, please call me at (312) 746-3609 Ext. 1074.

Your cooperation is greatly appreciated.

Sincerely,

Investigator Vincent L. Jones, #141

LOG# 1068798

Attachment# 17



INDEPENDENT POLICE REVIEW AUTHORITY  
CITY OF CHICAGO

---

LAW ENFORCEMENT OFFICIAL'S REQUEST FOR  
PROTECTED HEALTH INFORMATION  
CITY OF CHICAGO INDEPENDENT POLICE REVIEW AUTHORITY

TO: [REDACTED] DATE: 31 May 2014  
RE: [REDACTED] Log # 1068798

I am a law enforcement official as defined by the Health Insurance Portability and Accountability Act (HIPAA). *See* 42 U.S.C. §1320(d) *et seq.* (2002). *See also* Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160, 162 & 164 (2002). I am employed by the City of Chicago and work for the City of Chicago's Independent Police Review Authority.

I am serving this investigative demand on you so that I may receive any and all protected health information of:

Name: [REDACTED]  
Birth Date: [REDACTED]  
Date of Service: on or about 26 April 2014  
Address: [REDACTED]  
Social Security Number: N/A

In accordance with 45 C.F.R. §164.512(f), I certify that:

- (1) The information sought is relevant and material to a legitimate law enforcement inquiry;
- (2) This request is specific and limited in scope to the extent reasonably practicable in light of the purpose for which the information is sought; and
- (3) De-identified information cannot be reasonably used.

---

Inv. Vincent L. Jones, #141  
(312) 746-3609 Ext. 1074

Please forward requested information to: Independent Police Review Authority  
Attn: Inv. Vincent L. Jones, #141 Log #1068798  
1615 West Chicago Avenue, 4<sup>th</sup> Floor, Chicago, IL 60622



INDEPENDENT POLICE REVIEW AUTHORITY  
CITY OF CHICAGO

31 May 2014



Patient Name: [REDACTED]  
Treatment: on or about 26 April 2014  
Date of Birth: [REDACTED]

To Whom It May Concern:

The Independent Police Review Authority (IPRA) is requesting your cooperation to secure Medical Records relative to a patient that received medical services at your facility.

A Law Enforcement Official's Request for Protected Health Information is attached.

Please forward any and all medical documentation concerning the patient and service date(s) as indicated on the release form.

Please mail these documents to:

Independent Police Review Authority  
c/o Investigator Vincent L. Jones, #141 Log # 1068798  
1615 West Chicago Avenue, 4<sup>th</sup> Floor  
Chicago, Illinois 60622

If you have any questions, please call me at (312) 746-3609 Ext. 1074.

Your cooperation is greatly appreciated.

Sincerely,

Investigator Vincent L. Jones, #141

LOG # 1068798

Attachment # 18





INDEPENDENT POLICE REVIEW AUTHORITY  
CITY OF CHICAGO

---

LAW ENFORCEMENT OFFICIAL'S REQUEST FOR  
PROTECTED HEALTH INFORMATION  
CITY OF CHICAGO INDEPENDENT POLICE REVIEW AUTHORITY

DATE: 31 May 2014

RE: [REDACTED] Log # 1068798

I am a law enforcement official as defined by the Health Insurance Portability and Accountability Act (HIPAA). *See* 42 U.S.C. §1320(d) *et seq.* (2002). *See also* Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160, 162 & 164 (2002). I am employed by the City of Chicago and work for the City of Chicago's Independent Police Review Authority.

I am serving this investigative demand on you so that I may receive any and all protected health information of:

Name: [REDACTED]  
Birth Date: [REDACTED]  
Date of Service: on or about 26 April 2014  
Address: [REDACTED]  
Social Security Number: N/A

In accordance with 45 C.F.R. §164.512(f), I certify that:

- (1) The information sought is relevant and material to a legitimate law enforcement inquiry;
- (2) This request is specific and limited in scope to the extent reasonably practicable in light of the purpose for which the information is sought; and
- (3) De-identified information cannot be reasonably used.

---

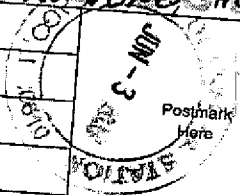
Inv. Vincent L. Jones, #141  
(312) 746-3609 Ext. 1074

Please forward requested information to: Independent Police Review Authority  
Attn: Inv. Vincent L. Jones, #141 Log #1068798  
1615 West Chicago Avenue, 4<sup>th</sup> Floor, Chicago, IL 60622

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**LOG# 1068798** **END JONES AM**

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

ent  
 rec  
 PO  
 y, S

PS For

for instructions

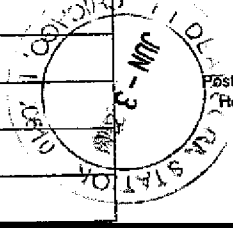
LOG# 1068798

Attachment # 19

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

*INV. JONES, A. J. LOG # 1068798*

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To

Street

or PO Box

City, State

PS Form

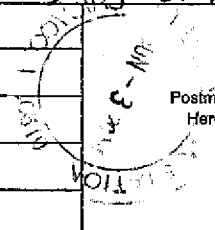
LOG # 1068798

Attachment # 20

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)®

*Pro. Jones 141* | *LOG# 1068798*

Postage	\$		Postmark Here
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$		

Send to:

Street  
or P.O.  
Box  
City

PS I

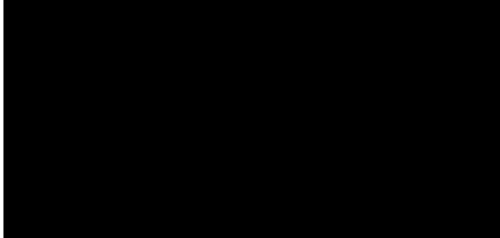
LOG# 1068798

Attachment# 21

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

2. Article Number  
(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

  
☐ Agent  
☐ Addressee

B. Received by (Printed Name)

  
C. Date of Delivery

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ YesLOG # 1068798Attachment # 22

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

2. Article Number  
(Transfer from service label)**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**☐ Agent☐ Addressee

B. Recipient's Printed Name

C. Date of Delivery

6-9-14

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

LOG# 1068798

Attachment# 23



Patient:

MRN

FIN:

DOB/Age/Sex:

/ 36 years

/ Male

Admit/Discharge: 4/26/2014

/

4/26/2014

Attending:

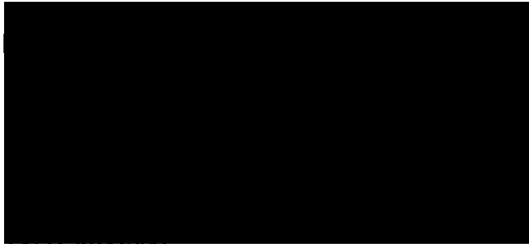
Location: Emergency Depar

*Facesheets*

LOG # 1068798

Attachment # 24

\* Auth (Verified) \*



(312) 361-2000

## ADMISSION RECORD

### PATIENT DEMOGRAPHIC INFORMATION

NAME: [REDACTED]  
DOB: [REDACTED] SEX: M MALE AGE: 36Y  
SS#: XXX-XX-XX  
ADDRESS: [REDACTED]  
CITY: CHICAGO  
STATE: IL  
COUNTY: COOK  
HOME PHONE: [REDACTED] CELL PHONE: [REDACTED]  
WORK PHONE: [REDACTED]  
MARITAL STATUS: S  
PHONE MESSAGE: Yes  
CONFIDENTIAL ADDRESS/PHONE: No

ADV.DIR: NONE  
DENOMINATION: MUS  
ORGAN\_DONOR: NOT A DONOR

VER. DATE: 04/26/2014

ACCOUNT: [REDACTED]  
MED.REC: [REDACTED]  
ADMIT DATE: 04/26/14 PRINT DATE: 05/06/14  
ADMIT TIME: 1741 PRINT TIME: 2202  
PATIENT TYPE: ERM  
SERVICE: ERM EMERGENCY ROOM  
LOCATION: [REDACTED]  
D&T PATIENT: N NO  
PREV. ENCOUNTER DATE: [REDACTED]  
REGISTRAR INITIALS: SES  
ARRIVAL MODE: WALKED  
STAFF ALERT: [REDACTED]  
OPT-OUT: No OPT-OUT DATE: 04/26/14  
PUBLICITY: [REDACTED]  
NOTICE OF PRIVACY: Yes DATE RECEIVED: 04/26/14

### EMERGENCY CONTACT/ NEXT OF KIN

NAME: [REDACTED]  
RELATION: SISTER  
ADDRESS: [REDACTED]  
CITY: CHICAGO  
STATE: IL  
HOME PHONE: [REDACTED] WORK PHONE: [REDACTED]

### MATERNAL CHILD INFORMATION

NEWBORN'S MOTHER'S MR: [REDACTED]  
NEWBORN'S MOTHER'S ACCT #: [REDACTED]

### MEDICAL INFORMATION

ADMITTING DX: CP  
WORKING DIAGNOSIS: CP PRI

### PHYSICIAN

ADMITTING: [REDACTED]  
ATTENDING: [REDACTED]  
REFERRING: [REDACTED]  
PCP: NONE  
OTHER MD: [REDACTED]

### GUARANTOR INFORMATION

GUARANTOR: [REDACTED]  
SS#: XXX-XX-XX  
ADDRESS: [REDACTED]  
CITY: CHICAGO  
STATE: IL  
COUNTY: [REDACTED]  
HOME PHONE: [REDACTED]  
DATE OF BIRTH: [REDACTED]

### GUARANTOR EMPLOYMENT INFORMATION

EMPLOYER: [REDACTED]  
ADDRESS: [REDACTED]  
CITY: [REDACTED]  
STATE: [REDACTED] ZIP CODE: [REDACTED]  
COUNTY: [REDACTED] COUNTRY: [REDACTED]  
WORK PHONE: [REDACTED]  
PATIENT OCCUPATION: [REDACTED]  
GUARANTOR OCCUPATION: [REDACTED]

### INSURANCE INFORMATION

#### INS. # 1

CARRIER&PLAN #: [REDACTED]  
COMPANY: [REDACTED]  
GROUP #: [REDACTED]  
POLICY #: [REDACTED]  
REL. TO INS.: [REDACTED]  
INS. ADDRESS: [REDACTED]  
CITY: [REDACTED]  
STATE: [REDACTED]  
ZIP CODE: [REDACTED]  
PHONE: [REDACTED] EXT: [REDACTED]  
APPROVAL: [REDACTED]

#### INS. # 2

CARRIER&PLAN #: [REDACTED]  
COMPANY: [REDACTED]  
GROUP #: [REDACTED]  
POLICY #: [REDACTED]  
REL. TO INS.: [REDACTED]  
INS. ADDRESS: [REDACTED]  
CITY: [REDACTED]  
STATE: [REDACTED]  
ZIP CODE: [REDACTED]  
PHONE: [REDACTED] EXT: [REDACTED]  
APPROVAL: [REDACTED]

### OTHER INFO

NOTES: [REDACTED]



[REDACTED]

Patient:

MRN

FIN:

[REDACTED]

Location: Emergency Depart

*Consent/Authorization*

Patient Label Here  
[REDACTED]

1. **Agreement for Care:** I agree to the treatments, tests and examinations that my doctor(s) believe(s) are needed for my care. I understand that my doctor(s) will talk to me about my illness, treatment choices, and dangers of those treatments. I understand that no one can be sure of the success or results of any treatment, tests or examinations. I understand that I can be taken care of by one or more doctors, by doctors in training, and by students in school programs of various types. I understand that these people can carry out some or all of my care under the direction of my doctor and/or others chosen by him.
2. **Release of Information:** Anyone having information about my care is allowed to give that information to the Hospital and/or its staff members. I allow the Hospital and doctor(s) to give out information needed to pay the bill for my care. They can give this information to my insurance companies, health plans, Medicare or Medicaid programs, state providers, and outside review companies. This information can also be given to others when laws or regulations require it.
3. **Electronic Medicine Prescriptions:** I agree that my doctor(s) can use electronic ways to order medicines for my treatment. They can also ask for, look at and use my medication history and information about my health. This can come from other healthcare providers, pharmacy benefit managers, pharmacy benefit payers and/or electronic medicine prescription systems as needed for my care.
4. **Doctor(s) Services:** I understand that I must pay for the services of the radiologist(s), pathologist(s), anesthesiologist(s), and other doctor's services which are not billed by the Hospital. Some doctors are independent and are not employed by the Hospital.
5. **Payment Agreement:** I allow the Hospital, doctor(s) and other professionals to get payment from Medicare, Medicaid, or other insurance policies when money is available for to pay for the care I received. I agree to pay the Hospital, doctor(s) and other professionals the amount of all charges which are not paid for by the programs listed. (This does not include charges that may not be collected because of Medicare or Medicaid rules.) The charges can also include reasonable attorney's fees and/or collection expenses.
6. **Insurance Plans:** The Hospital keeps a list of insurance plans that it accepts for payment. I can see this list if I want to. I understand that if I belong to a plan that is not on the list, I will have to pay all the charges on my bill.
7. **Safety:** Hospital staff members can look for weapons, ammunitions or bombs, drugs, or alcoholic beverage in my room, belongings, or possession. They can take them away from me, and dispose of them. They can also give them to the police.
8. **Valuables:** I understand that the Hospital is not responsible for loss or damage to any of my personal things, including glasses, false teeth, or hearing aids. I understand that anything of value should be sent home, placed in the safe in my room, or given to a Public Safety Officer to hold until I am able to go home.
9. **Privacy:** I agree that I have received the "Notice of Privacy Practices". This gives me a complete explanation of how information about my health can be used or given to other people. It also tells me how I can see that information.

I understand what this piece of paper means.

Patient's Name: [REDACTED]

Signature: [REDACTED]

Relationship: [REDACTED]

If signed by other than patient or patient consent unable to be obtained:

Verbal Consent Given

Patient Non-Responsive

Patient Confused/Disoriented

Individual Refused

Telephone Consent

Privacy Notice Attempted

Other: [REDACTED]

[REDACTED]

Patient: [REDACTED]  
MRN [REDACTED]  
FIN: [REDACTED]

Location: Emergency Depart

---

*Emergency Documentation*

---

\* Auth (Verified) \*

[REDACTED] has been given the following patient education materials, prescriptions, and follow - up instructions:

**Patient Education Materials:**

Family Medicine

Chest Pain (Non-Specific)

Ophthalmology

Iritis

Subconjunctival Hemorrhage (Scleral Bleeding)

**Prescriptions:**

**Follow-Up Instructions:**

**Follow Up With:**

FHC Oakwood Shores Medical

**Where:**

[REDACTED]

**When:**

Within 2 to 4 days

**Comments:**

Call for followup appointment with your doctor or the Family Health Center regarding your chest pain

**Follow Up With:**

[REDACTED]

**Where:**

[REDACTED]

**When:**

Within 1st Available

**Comments:**

Call for followup appointment with Ophthalmology for reevaluation of your eye  
Return to ED if symptoms worsen

I, [REDACTED], have received the above patient education/instructions and have verbalized understanding.

Patient Signature: [REDACTED]

Date: 4-26-14

Provider Signature: [REDACTED]

Date: 4-26-14

Name  
MRN:

[REDACTED]

7 of 7

Apr/26/14 20:50:32



Patient: [REDACTED] A  
MRN [REDACTED]  
FIN: [REDACTED]

Location: Emergency Depart

### Emergency Documentation

Document Name: ED After Care Instructions  
Document Status: Modified  
Performed By: [REDACTED] (4/26/2014 20:55 CDT)  
Signed By: [REDACTED] (4/26/2014 20:55 CDT) [REDACTED] (4/26/2014 20:50 CDT)  
Authenticated By: [REDACTED] (4/26/2014 20:55 CDT)

Name: [REDACTED] Current Date: 04/26/14 20:55:43  
DOB: [REDACTED] 12:00 AM MRN: [REDACTED] FIN: [REDACTED]  
Chief Complaint: Chest pain; Chest pain; CP

Visit Date: 4/26/2014 5:41 PM

Address: [REDACTED]

Phone: [REDACTED]

Primary Care Provider:

Name:

Phone:

[REDACTED] Emergency Department would like to thank you for allowing us to assist you with your healthcare needs. The examination and treatment you received in the Emergency Department has been given on an emergency basis only. (Should your condition worsen or any new symptoms develop, or should you not recover as expected, contact your doctor or the doctor you were given for follow-up care.) If you cannot contact the doctor, return to the Hospital Emergency Department.

#### Follow-up Instructions

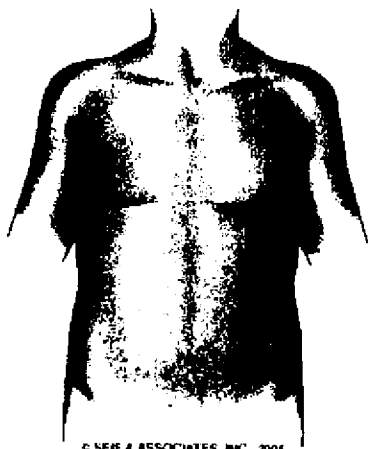
[REDACTED] A has been given the following patient education materials and follow-up instructions:

## Chest Pain (Non-Specific)

Patient:  
MRN  
FIN:

Location: Emergency Depart

### Emergency Documentation



© SEIF & ASSOCIATES, INC. 2005

Today you have had an exam and tests to determine a specific cause for your chest pain. It is often hard to give a specific diagnosis as the cause of one's chest pain. There is always a chance that your pain could be related to something serious, like a heart attack or a blood clot in the lungs. You need to follow up with your caregiver for further evaluation. More lab tests or other studies such as x-rays, an electrocardiogram, stress testing, or cardiac imaging may be needed to find the cause of your pain.

Most of the time nonspecific chest pain will be improved within 2-3 days of rest and mild pain medicine. For the next few days avoid physical exertion or activities that bring on the pain. Do not smoke or drink alcohol until all your symptoms are gone. Quitting smoking is the number one way to reduce your risk for heart and lung disease. Call your caregiver for routine follow-up as advised.

#### CAUSES

- Ø **Heart burn** is caused by stomach acid going back up into the esophagus. The esophagus is the tube between the mouth and the stomach. The acid burns the sensitive inner layer of the esophagus. This causes pain which is felt in the chest under the breast bone. Heart burn is also called GERD (*gastroesophageal reflux disease*).
- Ø Pneumonia or bronchitis can cause painful irritation of the lung tissues.
- Ø Anxiety and stress may cause tightness in the chest associated with pain.
- Ø Inflammation around your heart (*pericarditis*) or lung (*pleuritis*, or *pleurisy*) may cause chest pain.
- Ø A blood clot can develop in the lung and cause chest pain.
- Ø A collapsed lung (*pneumothorax*) can cause chest pain. It can develop suddenly on its own (a *spontaneous pneumothorax*) or from trauma to the chest.
- Ø The chest wall is composed of bones, muscles and cartilage. Any of these can be the source of the pain:
  - ┆ The bones can be bruised by injury.
  - ┆ The muscles or cartilage can be strained by coughing or overwork.

Patient: [REDACTED] A  
MRN [REDACTED]  
FIN: [REDACTED]

Location: Emergency Depart

### Emergency Documentation

- 1 The cartilage can also be affected by inflammation and become sore (*costochondritis*).

#### TREATMENT

Treatment depends on what may be causing your chest pain. Treatment may include:

- ☐ ☐ Acid blockers for heart burn.
- ☐ ☐ Pain medicine for inflammatory conditions.
- ☐ Anti-inflammatory medicine.
- ☐ Antibiotics if an infection is present.

You may be advised to change lifestyle habits that may add to your chest pain. These include stopping smoking, caffeine and chocolate. You may be also advised to keep your head elevated when sleeping. This reduces the chance of acid going backward from your stomach to your esophagus.

#### HOME CARE INSTRUCTIONS

- ☐ If antibiotics were prescribed, take the full amount even if you are feeling better.
- ☐ Continue physical activities as directed.
- ☐ Only take over-the-counter or prescription medicine for pain, discomfort or fever as directed by your caregiver.
- ☐ Follow your caregiver's suggestions for further testing if problems persist.
- ☐ If your caregiver has given you a follow-up appointment, it is very important to keep that appointment. Not keeping the appointment could result in a chronic or permanent injury, pain, and disability. If there is any problem keeping the appointment, you must call back to this facility for assistance.

#### SEEK MEDICAL CARE IF:

- ☐ You are having problems that you think may be side effects of the medicine you are taking. Read your medication instructions carefully.
- ☐ Your chest pain persists even after following advised treatments.
- ☐ You develop a rash on your chest with blisters.

#### SEEK IMMEDIATE MEDICAL CARE IF:

- ☐ Increased chest pain, or pain that spreads to the arm, neck, jaw, back or abdomen.
- ☐ Shortness of breath, increasing cough or coughing up blood.
- ☐ Severe back or abdominal pain, nausea or vomiting.
- ☐ Severe weakness, fainting, fever or chills.

**THIS IS AN EMERGENCY. Do not** wait to see if the pain will go away. Get medical help at once. Call \_\_\_\_\_ (911 in U.S.) **Do not** drive yourself to the hospital.

Patient: [REDACTED] A  
MRN [REDACTED]  
FIN: [REDACTED]

Location: Emergency Depart

### Emergency Documentation

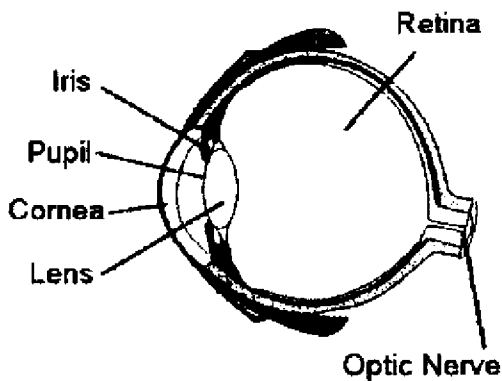
#### MAKE SURE YOU:

- Ø Understand these instructions.
- Ø Will watch your condition.
- Ø Will get help right away if you are not doing well or get worse.

Document Released: 09/27/2006 Document Re-Released: 11/30/2009

ExitCare® Patient Information ©2010 ExitCare, LLC.

## Iritis



*iris*). Other parts at the front of the eye may also be inflamed. The iris is part of the middle layer of the eyeball which is called the *uvea* or the *uveal track*. Any part of the *uveal track* can become inflamed. The other portions of the *uveal track* are the *choroid* (the thin membrane under the outer layer of the eye), and the *ciliary body* (joins the choroid and the iris and produces the fluid in the front of the eye).

It is extremely important to treat *iritis* early, as it may lead to internal eye damage causing scarring or diseases such as *glaucoma*. Some people have only one attack of *iritis* (in one or both eyes) in their lifetime, while others may get it many times.

#### CAUSES

*Iritis* can be associated with many different diseases, but mostly occurs in otherwise healthy people. Examples of diseases that can be associated with *iritis* include:

- Ø Diseases where the body's immune system attacks tissues within your own body (*autoimmune diseases*).
- Ø Infections (tuberculosis, gonorrhea, fungus infections, Lyme disease, infection of the lining of the heart).
- Ø Trauma or injury.
- Ø Eye diseases (acute *glaucoma* and others).
- Ø Inflammation from other parts of the *uveal track*.

Patient: [REDACTED] A  
MRN [REDACTED]  
FIN: [REDACTED]

Location: Emergency Depart

### Emergency Documentation

- ☐ Severe eye infections.
- ☐ Other rare diseases.

#### SYMPTOMS

- ☐ Eye pain or aching.
- ☐ Sensitivity to light.
- ☐ Loss of sight or blurred vision.
- ☐ Redness of the eye. This is often accompanied by a ring of redness around the outside of the cornea, or clear covering at the front of the eye (*ciliary flush*).
- ☐ Excessive tearing of the eye(s).
- ☐ A small pupil that does not enlarge in the dark and stays smaller than the other eye's pupil.
- ☐ A whitish area that obscures the lower part of the colored circular iris. Sometimes this is visible when looking at the eye, where the whitish area has a "fluid level" or flat top. This is called a "hypopyon" and is actually pus inside the eye.

Since iritis causes the eye to become red, it is often confused with a much less dangerous form of "pink eye" or conjunctivitis. One of the most important symptoms is sensitivity to light. **Anytime there is redness, discomfort in the eye(s) and extreme light sensitivity, it is extremely important to see an ophthalmologist as soon as possible.**

#### TREATMENT

Acute iritis requires prompt medical evaluation by an eye specialist (*ophthalmologist*.) Treatment depends on the underlying cause but may include:

- ☐ Corticosteroid eye drops and dilating eye drops. **Follow your caregiver's exact instructions on taking and stopping corticosteroid medications (drops or pills).**
- ☐ Occasionally, the iritis will be so severe that it will not respond to commonly used medications. If this happens, it may be necessary to use steroid injections. The injections are given under the eye's outer surface. Sometimes oral medications are given. The decision on treatment used for iritis is usually made on an individual basis.

#### HOME CARE INSTRUCTIONS

Your care giver will give specific instructions regarding the use of eye medications or other medications. Be certain to follow all instructions in both taking and stopping the medications.

#### SEEK IMMEDIATE MEDICAL CARE IF:

- ☐ You have redness of one or both eye.
- ☐ You experience a great deal of light sensitivity.

Patient:  
MRN  
FIN:

Location: Emergency Depart

### Emergency Documentation

- Ø You have pain or aching in either eye.

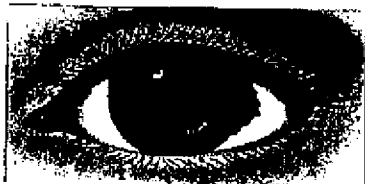
#### MAKE SURE YOU:

- Ø Understand these instructions.
- Ø Will watch your condition.
- Ø Will get help right away if you are not doing well or get worse.

Document Released: 12/18/2006 Document Re-Released: 11/30/2009

ExitCare® Patient Information ©2010 ExitCare, LLC.

## Subconjunctival Hemorrhage (Scleral Bleeding)



*trauma*) such as simply rubbing the eye, vigorous coughing, or vomiting. This injury is not serious and usually disappears without treatment within 2 to 3 weeks. The blood in your eye will change color gradually to brownish-yellow to yellow before disappearing.

#### HOME CARE INSTRUCTIONS

- Ø Do not worry about the appearance of your eye. You may continue your usual activities.
- Ø Often, follow-up is not necessary.

#### SEEK MEDICAL CARE IF:

- Ø Your eye becomes painful.
- Ø The bleeding does not disappear within 3 weeks.
- Ø Bleeding occurs elsewhere, for example, under the skin, in the mouth, or in the other eye.

#### SEEK IMMEDIATE MEDICAL CARE IF:

- Ø Your vision changes or you have difficulty seeing.
- Ø You develop spots or floaters in your vision.
- Ø You develop severe headache, persistent vomiting, confusion, or lethargy.



Patient:  
MRN  
FIN:

Location: Emergency Depart

### Emergency Documentation

Document Released: 12/18/2006 Document Re-Released: 09/26/2009

ExitCare® Patient Information ©2010 ExitCare, LLC.

**With:**  
FHC Oakwood Shores  
Medical

**Address:**

**When:**  
Within 2 to 4 days

**Comments:**

Call for followup appointment with your doctor or the Family Health Center regarding your chest pain.

**With:**

**Address:**

**When:**  
Within 1st  
Available

Call for followup appointment with Ophthalmology for reevaluation of your eye  
Return to ED if symptoms worsen

### Medication Information

has been given the following patient education materials, prescriptions, and follow - up instructions:

**Patient Education Materials:**

Family Medicine  
Chest Pain (Non-Specific)  
Ophthalmology  
Iritis  
Subconjunctival Hemorrhage (Scleral Bleeding)

Patient: [REDACTED]  
MRN [REDACTED]  
FIN: [REDACTED]

Location: Emergency Depart

### Emergency Documentation

Prescriptions:

Follow-Up Instructions:

Follow Up With:  
FHC Oakwood Shores  
Medical

Where:

[REDACTED]

When:

Within 2 to 4 days

Comments:

Call for followup appointment with your doctor or the Family Health Center regarding your chest pain.

Follow Up With:

Where:

[REDACTED]

When:

Within 1st Available

Comments:

Call for followup appointment with Ophthalmology for reevaluation of your eye  
Return to ED if symptoms worsen

I, [REDACTED] have received the above patient education/instructions and have verbalized understanding.

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Provider Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Document Name:

Document Status:

Performed By:

Signed By:

Authenticated By:

ED Discharge Summary

Modified

(4/26/2014 20:55 CDT)

(4/26/2014 20:55 CDT); [REDACTED] (4/26/2014 20:50

CDT); [REDACTED] (4/26/2014 20:48 CDT)

/26/2014 20:55 CDT)

[REDACTED]

Patient: [REDACTED] A  
MRN [REDACTED]  
FIN: [REDACTED]

Location: Emergency Depart

### Emergency Documentation

#### PERSON INFORMATION

Name [REDACTED] Age 36 Years DOB [REDACTED] 12:00 AM  
Sex Male Language English PCP [REDACTED]  
Marital Status Single Phon [REDACTED] Time Zone America/Chicago  
MRI [REDACTED] Visit Id A Acct# [REDACTED]  
Visit Reason Chest pain; Chest pain; CP Specialty Stable  
Enc Type Emergency Room Med Service Emergency Room  
Track Group ED Tracking Group Discharge  
Tracking Id [REDACTED] Checkout 4/26/2014 8:55 PM  
Checkin 4/26/2014 5:41 PM Acuity 3  
Arrival 4/26/2014 5:41 PM Reg Status Cancelled  
Address: [REDACTED] Dispo Type Home  
LOS 000 03:14

Comment: [REDACTED]

#### PROVIDER INFORMATION

Provider	Role	Assigned	Unassigned
[REDACTED]	ED Nurse	4/26/2014 6:16 PM	4/26/2014 7:04 PM
[REDACTED]	ED Provider	4/26/2014 6:20 PM	
[REDACTED]	ED Nurse	4/26/2014 7:05 PM	

#### VITALS INFORMATION

Vital Sign	Triage	Latest
Temp Oral		
Temp Tympanic		
Temp Intravascular		
Temp Axillary		
Temp Rectal		
O2 Sat		
Respiratory Rate		
Pulse Rate		
Peripheral Pulse Rate		
Apical Heart Rate		
Blood Pressure	/ 70 mmHg	/ 78 mmHg

Comment:

#### ORDERS

Start Time	Order	Type	Status	Stop Time	Provider
4/26/2014 6:46 PM	CKMB/TropI	Laboratory	Canceled	4/26/2014 7:07 PM	[REDACTED]

Patient:

MRN

FIN:

Location: Emergency Depart

## Emergency Documentation

4/26/2014 7:25 PM	ED Pain Re-Assessment	Patient Care	Ordered	4/26/2014 7:25 PM	SYSTEM
4/26/2014 5:49 PM	Morse Fall Risk Assessment	Patient Care	Ordered		SYSTEM
4/26/2014 5:51 PM	ED Nursing Protocol	Emergency	Completed	4/26/2014 6:39 PM	
4/26/2014 5:51 PM	EK Ekg	Radiology	Completed	4/26/2014 6:39 PM	
4/26/2014 7:12 PM	CT Orbits Sella and IAC w/o Contr Complete	Radiology	Ordered	4/26/2014 7:12 PM	
4/26/2014 6:58 PM	Blood Count w/ Automated Differential	Laboratory	Completed	4/26/2014 7:18 PM	
4/26/2014 6:58 PM	Basic Metabolic Panel	Laboratory	Completed	4/26/2014 7:32 PM	
4/26/2014 6:28 PM	XR Chest 2 Views Front/Lat	Radiology	Completed	4/26/2014 6:38 PM	
4/26/2014 6:28 PM	Cardiac Monitoring	Patient Care	Ordered	4/26/2014 6:28 PM	
4/26/2014 6:28 PM	Pulse Oximetry	Patient Care	Ordered		
4/26/2014 6:28 PM	Ibuprofen	Pharmacy	Completed	4/26/2014 7:10 PM	
4/26/2014 6:58 PM	CKMB/Tropl	Laboratory	Completed	4/26/2014 7:41 PM	
4/26/2014 6:58 PM	Automated Diff	Laboratory	Completed	4/26/2014 7:18 PM	SYSTEM
4/26/2014 5:49 PM	Morse Fall Risk Assessment	Patient Care	Ordered	4/26/2014 5:49 PM	SYSTEM

Patient:

MRN

FIN:

Location: Emergency Depart

### Emergency Documentation

4/26/2014 6:58 PM Estimated Glomerular Filtration Rate Laboratory Completed 4/26/2014 7:32 PM SYSTEM

### MEDICAL INFORMATION

Allergy Info:

No Known Allergies

Prescriptions Given

Comment:

### DISCHARGE INFORMATION

Discharge Disposition: Home

Discharge Location:

### DEPART REASON INCOMPLETE INFORMATION

Depart Action	Incomplete Reason
Discharge Vital Signs/Pain	Recently assessed

### PATIENT EDUCATION INFORMATION

Instructions:

Chest Pain (Non-Specific); Iritis; Subconjunctival Hemorrhage (Scleral Bleeding)

Follow up:

With:

Address:

When:

Within 2 to 4 days

Comments:

Call for followup appointment with your doctor or the Family Health Center regarding your chest pain.

Patient:

MRN

FIN:

Location: Emergency Depart

### Emergency Documentation

With:

Address:

When:

Within 1st

Available

#### Comments:

Call for followup appointment with Ophthalmology for reevaluation of your eye  
Return to ED if symptoms worsen

#### DIAGNOSIS

Chest pain 786.5; Periorbital hematoma; Subconjunctival hemorrhage, traumatic

Comment:

#### PHYS DOC NOTES

Document Name:

Document Status:

Performed By:

Signed By:

Authenticated By:

Chest pain (ED)v

Modified

Patient:

Age: 36 years Sex: Male DOB:

MRN:

FIN:

Associated Diagnoses: Chest pain 786.5; Periorbital hematoma; Subconjunctival hemorrhage, traumatic

Author:

#### Basic Information

Time seen: Date 04/26/2014.

History source: Patient, police.

Arrival mode: Police.

Vital signs: Vital Signs,

04/26/2014 17:48 CDT

Temperature Oral

36.2 DegC

Peripheral Pulse Rate

82 bpm

Respiratory Rate

18 br/min

Systolic Blood Pressure

117 mmHg

Report Request ID:

Page 18 of 43

Print Date/Time: 6/10/2014 12:19 CDT

CPD 0314280

Patient:

MRN

FIN:

Location: Emergency Depart

### Emergency Documentation

Diastolic Blood Pressure 70 mmHg Oxygen saturation:  
Basic Oxygen Information.  
04/26/2014 17:48 CDT Oxygen Therapy Room air  
SpO2 100 %

Medications: None.

Allergies:

Allergic Reactions (All)

No Known Allergies

Notes: Chief Complaint from Nursing Triage Note : Chief Complaint.

04/26/2014 17:48 CDT Chief Complaint Chest pain since last night. States "I always get chest pain." No SOB.

#### History of Present Illness

The patient is a 36 years old Male who presents with 36 yo male who denies PMH presents in CPD custody for eval of L eye hematoma and chest pain. Pt was punched with fist in L eye approx 24 hrs ago. Blurred vision. Denies eye pain. No discharge.

Chest pain constantly x 1 week. Assoc with chills. No cough or SOB. Nonexertional. Nonpositional. No back pain. No assoc nausea or diaphoresis.

Patient was not planning to come to the hospital for evaluation of symptoms prior to his arrest. Duration lasting 7 day(s). The onset was gradual. The course is constant. Location: substernal. Radiating pain: none. Character: achy. The degree of pain at onset was moderate. The degree of pain at maximum was moderate. The degree of pain at present is moderate. The exacerbating factor is negative. The mitigating factor is negative.

#### Review of Systems

**Constitutional symptoms:** Chills, No fever.

**Cardiovascular symptoms:** No palpitations, no tachycardia, no syncope.

**Eye symptoms:** no Icterus, no Discharge.

**ENT:** no Sore throat, no Nasal congestion.

**Respiratory symptoms:** Cough, no shortness of breath, no orthopnea, no wheezing.

**Gastrointestinal symptoms:** no nausea no vomiting, no diarrhea, no pain.

**Musculoskeletal symptoms:** no Muscle pain, no Joint pain.

**Neurologic symptoms:** no Numbness, no Weakness.

**Skin symptoms:** No jaundice, no rash.

**Other significant review of systems** All other systems reviewed and otherwise negative

#### Past Medical/ Family/ Social History

**Medical history:** Negative.

**Family history:** Not significant.

**Social history:** Tobacco: Denies tobacco use. Drugs: Denies drug use.

#### Physical Examination

**General appearance:** No acute distress.

**Skin:** Warm. Dry. Good skin turgor.

**Eye:** Extraocular movements intact. left eye with moderate ecchymosis and swelling to the upper and lower lid. Peri-orbital tenderness to palpation at two o'clock, on the upper lateral ridge.

No discharge of the eye. Inferior and medial subconjunctival hemorrhage. Pupil is two millimeters and reactive. No photophobia. extraocular muscles intact. No pain with extraocular movement.

**Ears, nose, mouth and throat:** Tympanic membranes clear. Oral mucosa moist.

**Neck:** Supple, trachea midline, no tenderness.

**Heart:** Regular rate and rhythm, normal S1 & S2

**Perfusion:** Capillary refill (normal).

**Respiratory:** Lungs clear to auscultation bilaterally. Respirations nonlabored.

**Chest wall:** No deformity. mild tenderness over the sternum. no bruising, swelling, or crepitus.

**Back:** Nontender. Normal range of motion.

**Extremity:** Normal range of motion. Normal tone. No swelling. No tenderness.

**Abdominal:** Normal bowel sounds. Soft. Nontender.

**Neurological:** Alert and oriented times 3/No decreased level of consciousness, no cognitive dysfunction. Motor deficit: negative. Sensory deficit: Negative extremities x 4. no Abnormal gait: Glasgow coma scale Total score 15.

**Psychiatric:** Appropriate.

Patient:

MRN

FIN:

Location: Emergency Depart

### Emergency Documentation

#### Medical Decision Making

##### Clinical work-up/Interpretation

##### Electrocardiogram:

Time 04/26/2014 18:05:00. Rate: 71. Normal sinus rhythm. No ectopy. No ST-T changes.

Previous EKG available: none available.

Results: Lab View.

04/26/2014 18:58 CDT

WBC	9.6 x10(3)/mcL	
RBC	4.3 x10(6)/mcL	LOW
Hgb	14.6 gm/dL	
Hct	43.9 %	
MCH	34 pg	HI
MCHC	33.2 gm/dL	
MCV	103 fL	HI
RDW	13.8 %	
Platelet	174 x10(3)/mcL	
MPV	8.7 fL	
Neut%	73.3 %	HI
Lymph%	18.4 %	LOW
Mono%	7.7 %	
Eos%	0.3 %	
Baso%	0.3 %	
Neut Abs	7.1 x10(3)/mcL	
Lymph Abs	1.8 x10(3)/mcL	
Mono Abs	0.7 x10(3)/mcL	
Eos Abs	0.0 x10(3)/mcL	
Baso Abs	0.0 x10(3)/mcL	
Glucose Lvl	87 mg/dL	
BUN	9 mg/dL	
Creatinine	0.93 mg/dL	
BUN/Creat Ratio	10 ratio	
GFR	>60 mL/min/1.73 m2	
GFR (Af Am)	>60 mL/min/1.73 m2	
Calcium Lvl	9.8 mg/dL	
Sodium Lvl	140 mmol/L	
Potassium Lvl	3.8 mmol/L	
Chloride Lvl	104 mmol/L	
CO2	24 mmol/L	
AGAP	12 mmol/L	
Troponin-I	<.010 ng/mL	
CK MB	10.3 ng/mL	HI

Chest X-Ray: EXAM: CHEST XRAY, TWO VIEWS, PA AND LATERAL.

DATE: 04/26/2014 18:52:47

COMPARISON: None available.

CLINICAL INDICATION: Chest pain.



Patient:

MRN

FIN:

Location: Emergency Depart

### Emergency Documentation

**FINDINGS:** The lungs are well expanded. The cardiac silhouette is within normal limits. The pulmonary vasculature and aorta are unremarkable. No consolidation, pleural effusions or pneumothorax present. The regional osseous examination is unremarkable.

**IMPRESSION:**

No acute intrathoracic process identified radiographically.

Images were reviewed with senior resident, [REDACTED] prior to dictation.

A preliminary report was provided by the radiology resident, [REDACTED] at 18:56:09 on 04/26/2014.

Images were reviewed independently by Dr. [REDACTED] prior to finalization by [REDACTED]

**Signature Line**

\*\*\*\*\* Preliminary Report \*\*\*\*\*

Dictated: 04/26/2014 6:55 pm

Reading Rad Resident Name: [REDACTED] Aladin

**Computed tomography (CT):** CT ORBITS, SELLA, AND IAC WITHOUT IV CONTRAST.

**CLINICAL INDICATION:** 36 year-old patient with left eye swelling post assault/battery.

**COMPARISON:** None available.

**TECHNIQUE:** Spiral CT of the orbits were obtained without contrast. Multiplanar reformats were performed.

**FINDINGS:**

Imaging was performed within 24 hours of arrival to the hospital, in this case directly from the emergency department.

Moderate to severe soft tissue swelling and hematoma are visualized over the left periorbital region. Chronic fracture deformity of left lamina papyracea is appreciated without opacification of the ethmoid air cells. Minimal mucosal thickening is present in the left maxillary sinus. Bilateral globes appear homogeneous in attenuation and unremarkable. The retro-orbital fat is preserved. Bilateral extraocular musculatures are symmetric and intact. There is mild leftward deviation of the nasal septum, which is intact.

The visualized osseous structures are unremarkable without evidence of

Patient:

MRN

FIN:

Location: Emergency Depart

### Emergency Documentation

acute fracture. The visualized brain parenchyma appear within normal limits.

#### IMPRESSION:

1. Moderate to severe left periorbital soft tissue swelling and hematoma without acute fracture.
2. Chronic fracture deformity of the left lamina papyracea without adjacent opacification of the ethmoid air cells.

A preliminary report was provided by the radiology resident, [REDACTED] Shon at 20:29:50 on 04/26/2014.

PRELIMINARY READ: THIS REPORT HAS NOT YET BEEN READ BY AN ATTENDING RADIOLOGIST.

#### Signature Line

\*\*\*\*\* Preliminary Report \*\*\*\*\*

Dictated: 04/26/2014 8:21 pm

Reading Rad Resident Name: SYSTEM

**Notes:** patient's EKG without evidence of acute ischemia. Chest x-ray unremarkable. CT orbits with swelling of tissue, but no acute fracture. Labs unremarkable except for mildly elevated CK-MB. Troponin is undetectable. Likely related to elevated CPK rather than acute cardiac ischemia. Encouraged increase oral hydration, renal function is normal.

Chest pain improved after ibuprofen. Patient is well-appearing. We'll discharge into police custody. Encourage patient to followup with ophthalmology for eye swelling.

#### Documentation reviewed:

emergency department nurses' notes

#### Reexamination/Reevaluation

Reexamination: Course: Improving, progressing as expected.

#### Impression and Plan

##### Diagnosis

Chest pain 786.5 (ICD9 786.50, Discharge, Emergency medicine, Medical)

Chest pain 786.5 (ICD9 786.50, Discharge, Emergency medicine, Medical)

Periorbital hematoma (ICD9 376.32, Discharge, Medical)

Subconjunctival hemorrhage, traumatic (ICD9 372.72, Discharge, Medical)

##### Discharge plan

Condition: Improved.

**Dispositioned:** To police.

**Patient was given the following educational materials:** Chest Pain (Non-Specific), Iritis, Subconjunctival Hemorrhage (Scleral Bleeding), Chest Pain (Non-Specific), Iritis, Subconjunctival Hemorrhage (Scleral Bleeding).

**Follow up with:** [REDACTED] Within 1st Available Call for followup appointment with Ophthalmology for reevaluation of your eye

Return to ED if symptoms worsen; FHC Oakwood Shores Medical Within 2 to 4 days Call for followup appointment with your doctor or the Family Health Center regarding your chest pain.

**Counseled:** Patient, Regarding diagnosis, Regarding treatment plan, Regarding diagnostic results, Regarding prescription.

Patient:

MRN

FIN:

Location: Emergency Depart

### Emergency Documentation

Document Name:

ED Assessment Adult

Document Status:

Auth (Verified)

Performed By:

(4/26/2014 18:17 CDT)

Signed By:

(4/26/2014 18:17 CDT)

Authenticated By:

(4/26/2014 18:17 CDT)

ED Assessment Adult Entered On: 04/26/2014 18:17 CDT

Performed On: 04/26/2014 18:17 CDT by

#### General

Level of Consciousness : Alert

Orientation : Oriented x 3

Affect/Behavior : Appropriate

Skin Color : Normal for ethnicity

Skin Description : Dry

Skin Temperature : Warm

Living Situation : Law enforcement detention

Appearance : Attire appropriate

Eye Contact : Normal

04/26/2014 18:17 CDT

Patient:  
MRN  
FIN:

Location: Emergency Depart

### Admit/Discharge/Transfer Forms

ED Nursing Discharge Summary Entered On: 04/26/14 20:55 CDT  
Performed On: 04/26/14 20:54 CDT by [REDACTED]

#### DC Information

ED Discharge To : Law enforcement detention  
ED Admitted From : Law enforcement detention  
Mode of Discharge : Ambulatory  
Discharge Transportation : Other: CPD

#### Education

Responsible Learner/s Present : pt  
Barriers to Learning : None evident  
Teaching Method : Explanation, Printed materials

#### ED Post-Hospitalization

Follow Up Appointment Planned : Verbalizes understanding  
Importance of Follow-Up Visits : Verbalizes understanding  
Physical Limitations : Verbalizes understanding  
Plan of Care : Verbalizes understanding  
When to Call Health Care Provider : Verbalizes understanding

[REDACTED] 04/26/14 20:54 CDT

[REDACTED] 04/26/14 20:54 CDT

[REDACTED] 04/26/14 20:54 CDT

### Assessment Forms

ED Triage Adult Entered On: 04/26/2014 17:49 CDT  
Performed On: 04/26/2014 17:48 CDT by [REDACTED]

#### Triage

Chief Complaint : Chest pain since last night. States "I always get chest pain." No SOB.  
Lynx Mode of Arrival : CFD  
ED Pain Symptoms : Yes  
Vital Signs Assessed : Yes  
ED Condensed Treatment & Assessment : Yes

#### DGP GENERIC CODE

Tracking Acuity : 3  
Tracking Group : ED Tracking Group

Pregnancy Status : N/A

#### Primary Pain

Primary Pain Location : Chest  
Primary Pain Laterality : Mid  
Primary Pain Intensity : 5

[REDACTED] - 04/26/2014 17:48 CDT

[REDACTED] - 04/26/2014 17:48 CDT

[REDACTED] - 04/26/2014 17:48 CDT

[REDACTED]

Patient: [REDACTED]  
MRN [REDACTED]  
FIN: [REDACTED]

Location: Emergency Depart

Assessment Forms

**Vitals/Ht/Wt**

Temperature Oral : 36.2 DegC(Converted to: 97.2 DegF)  
Peripheral Pulse Rate : 82 bpm  
Respiratory Rate : 18 br/min  
Systolic Blood Pressure : 117 mmHg  
Diastolic Blood Pressure : 70 mmHg  
SpO2 : 100 %  
Oxygen Therapy : Room air

04/26/2014 17:48 CDT

**Assess/Tx**

Level of Consciousness : Alert  
Orientation : Oriented x 3  
Affect/Behavior : Appropriate  
Skin Color : Normal for ethnicity  
Skin Temperature : Warm  
Skin Description : Dry

04/26/2014 17:48 CDT

**Allergies**

04/26/2014 17:48 CDT

Allergies (Active)

No Known Allergies

(As Of: 04/26/2014 17:49:38 CDT)

Estimated Onset Date: Unspecified ; Created By: [REDACTED]  
[REDACTED] Reaction Status: Active ; Category: Drug ;  
Substance: No Known Allergies ; Type: Allergy ; Updated By:  
[REDACTED] Reviewed Date: 04/26/2014 17:49 CDT

Patient:

MRN

FIN:

Location: Emergency Depart

### Admit/Transfer/Discharge Information

Recorded Date 4/26/2014

Recorded By [REDACTED]

Recorded Time 17:48 CDT

Procedure

Chief Complaint See Below T1

Lynx Mode of Arrival CFD

Textual Results

T1: 4/26/2014 17:48 CDT (Chief Complaint)

Chest pain since last night. States "I always get chest pain." No SOB.

### Assessments and Treatments

Recorded Date 4/26/2014

Recorded Time 18:17 CDT

Recorded By [REDACTED]

Procedure

Eye Contact Normal

### Functional

Recorded Time 18:17 CDT

Recorded By [REDACTED]

Recorded Date 4/26/2014

Procedure

Living Situation Law enforcement detention

### Integumentary

Recorded Date 4/26/2014

Recorded Time 17:48 CDT

Recorded By [REDACTED]

4/26/2014

18:17 CDT

Procedure

Skin Color Normal for ethnicity

Normal for ethnicity

Skin Temperature Warm

Warm

Skin Description Dry

Dry

Patient: [REDACTED]  
MRN [REDACTED]  
FIN: [REDACTED]

Location: Emergency Depart

### Neurological

Recorded Date 4/26/2014 4/26/2014  
Recorded Time 17:48 CDT 18:17 CDT  
Recorded By [REDACTED]

#### Procedure

Level of Consciousness Alert Alert

### Pain Assessment

Recorded Date 4/26/2014  
Recorded Time 17:48 CDT  
Recorded By [REDACTED]

#### Procedure

Primary Pain Location Chest  
Primary Pain Laterality Mid  
Primary Pain Intensity 5

### Patient and Family Education

Recorded Date 4/26/2014  
Recorded Time 20:54 CDT  
Recorded By Lee, Amy

#### Procedure

Barriers to Learning	None evident
Ed-Importance of Follow-Up Visits	Verbalizes understanding
Ed-Physical Limitations	Verbalizes understanding
Ed-Plan of Care	Verbalizes understanding
Ed-When to Call Health Care Provider	Verbalizes understanding
Responsible Learner/s Present	pt
Teaching Method	Explanation, Printed materials

### Psychosocial

Recorded Date 4/26/2014 4/26/2014  
Recorded Time 17:48 CDT 18:17 CDT  
Recorded By [REDACTED]

#### Procedure

Affect/Behavior	Appropriate	Appropriate
Orientation	Oriented x 3	Oriented x 3
Appearance	-	Attire appropriate

Patient  
MRN  
FIN:

Location: Emergency Depart

### Respiratory

Recorded Date	4/26/2014	4/26/2014
Recorded Time	17:48 CDT	20:54 CDT
Recorded By		
Procedure		
Oxygen Therapy	Room air	Room air
SpO2	100	97

### Temperature

Recorded Date	4/26/2014	4/26/2014
Recorded Time	17:48 CDT	20:54 CDT
Recorded By		
Procedure		
Temperature Oral	36.2	36.4

### Vital Signs

Recorded Date	4/26/2014	4/26/2014
Recorded Time	17:48 CDT	20:54 CDT
Recorded By		
Procedure		
Temperature Oral	36.2	36.4
Peripheral Pulse Rate	82	76
Respiratory Rate	18	18
Systolic Blood Pressure	117	147 <sup>11</sup>
Diastolic Blood Pressure	70	78
Mean Arterial Pressure, Cuff	-	101
SpO2	100	97
Oxygen Therapy	Room air	Room air



Patient:

MRN

FIN:

Location: Emergency Depart

**Hematology**

Legend: \* =Corrected, @ =Abnormal, C=Critical, L=Low, H=High, f=footnote, i=Interpretive Data, R=Ref Lab

**General Hematology**

Collected Date 4/26/2014

Collected Time 18:58 CDT

Procedure		Units	Reference Range
WBC	9.6 <sup>O1</sup>	x10(3)/mcL	[4.5-10.0]
RBC	4.3 <sup>L O1</sup>	x10(6)/mcL	[4.4-5.9]
Hgb	14.6 <sup>O1</sup>	gm/dL	[13.0-17.0]
Hct	43.9 <sup>O1</sup>	%	[39.0-52.0]
MCH	34 <sup>H O1</sup>	pg	[24-32]
MCHC	33.2 <sup>O1</sup>	gm/dL	[31.3-36.8]
MCV	103 <sup>H O1</sup>	fL	[81-99]
RDW	13.8 <sup>O1</sup>	%	[12.0-15.5]
Platelet	174 <sup>O1</sup>	x10(3)/mcL	[150-450]
MPV	8.7 <sup>O1</sup>	fL	[7.4-10.4]
Neut%	73.3 <sup>H</sup>	%	[26.0-71.0]
Lymph%	18.4 <sup>L</sup>	%	[20.0-40.0]
Mono%	7.7	%	[2.0-10.0]
Eos%	0.3	%	[0.0-6.0]
Baso%	0.3	%	[0.1-2.0]
Neut Abs	7.1	x10(3)/mcL	[1.7-7.6]
Lymph Abs	1.8	x10(3)/mcL	[<=3.0]
Mono Abs	0.7	x10(3)/mcL	[<=0.7]
Eos Abs	0.0	x10(3)/mcL	[0.0-0.5]
Baso Abs	0.0	x10(3)/mcL	[0.0-0.1]

**Order Comments**

O1: Complete Blood Count w/ Automated Differential (CBC w/ AutoDiff)

Manual differential will reflex in the presence of abnormal indices or abnormal automated differential. Please call lab x2347 if you want the manual differential regardless.

Manual differential or morphology assessment will reflex in presence of abnormal automated differential or abnormal indices respectively. Please call x2347 if you want manual differential or morphology assessment regardless.

**Chemistry**

Legend: \* =Corrected, @ =Abnormal, C=Critical, L=Low, H=High, f=footnote, i=Interpretive Data, R=Ref Lab

**Routine Chemistry**

Collected Date 4/26/2014

Collected Time 18:58 CDT

Procedure		Units	Reference Range
Glucose Lvl	87 <sup>O2 #1</sup>	mg/dL	[65-110]

Report Request ID:

Page 29 of 43

Print Date/Time: 6/10/2014 12:19 CDT

CPD 0314291

Patient:

MRN

FIN:

Location: Emergency Depart

### Chemistry

Legend: \* =Corrected, @ =Abnormal, C=Critical, L=Low, H=High, f=footnote, i=Interpretive Data, R=Ref Lab

### Routine Chemistry

Collected Date 4/26/2014

Collected Time 18:58 CDT

Procedure		Units	Reference Range
BUN	9 <sup>02</sup>	mg/dL	[7-25]
Creatinine	.93 <sup>02</sup>	mg/dL	[0.70-1.20]
BUN/Creat Ratio	10 <sup>02</sup>	ratio	[6-22]
GFR	>60	mL/min/1.73 m2	[>=60]
GFR (Af Am)	>60 <sup>42</sup>	mL/min/1.73 m2	[>=60]
Calcium Lvl	9.8 <sup>02</sup>	mg/dL	[8.6-10.2]
Sodium Lvl	140 <sup>02</sup>	mmol/L	[132-145]
Potassium Lvl	3.8 <sup>02</sup>	mmol/L	[3.5-5.1]
Chloride Lvl	104 <sup>02</sup>	mmol/L	[98-107]
CO2	24 <sup>02</sup>	mmol/L	[21-31]
AGAP	12 <sup>02</sup>	mmol/L	[4-16]

#### Order Comments

O2: Basic Metabolic Panel (BMP)

For History of Arrhythmia's Cardiac or Pulmonary Disease, Hypertension. Glucose Fasting should not be ordered with BMP. Renal Function Panel cannot be ordered with BMP.

#### Interpretive Data

#1: Glucose Lvl

Glucose Ranges if Fasting

<100 mg/dL Normal Fasting

100-125 mg/dL Impaired Fasting

>125 mg/dL Provisional diagnosis of diabetes

#2: GFR (Af Am)

Results will be reported for both African American and non African-American patients.

Estimated GFR is reported in mL/min/1.73 square meters. GFR is estimated from serum creatinine measurements using the MDRD study equation based on age, sex, and race and serum creatinine. Estimated GFR values are reported according to NKDEP recommendations (2006) and have been validated for ages 18-70 years. GFR values greater than 60 mL/min/1.73 sq.meters are reported as >60 mL/min/1.73 sq.meters.

#### CKD Stage

1

2

3

4

5

#### GFR

≥90

60-89

30-59

15-29

<15

Patient:   
MRN   
FIN:

Location: Emergency Depart

*Chemistry*

Legend: \* =Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=footnote, i=Interpretive Data, R=Ref Lab

*Cardiac Panel*

Collected Date 4/26/2014

Collected Time 18:58 CDT

Procedure		Units	Reference Range
Troponin-I	<.010 <sup>#3</sup>	ng/mL	[<=0.030]
CK MB	10.3 <sup>H</sup>	ng/mL	[<=6.6]

Interpretive Data

#3: Troponin-I

Troponin-I

Reference range :

0.00 - 0.03: Normal

0.04 - 0.3: High risk for cardiac injury

≥ 0.31: Consistent with myocardial infarction

Patient:

MRN

FIN:

Location: Emergency Depart

Cardiology

Accession Number

EK-14-0011012

Exam

EK Ekg

Exam Date/Time

4/26/2014 18:05 CDT

Ordering Physician

Reason For Exam

(EK Ekg) Chest Pain, Generalized

Report

MEASUREMENTS SUMMARY:

Ventricular Rate : 71 BPM

Atrial Rate : 71 BPM

P-R Interval : 184 ms

QRS Duration : 88 ms

Q-T Interval : 370 ms

QTC Calculation(Bezel) : 402 ms

Calculated P Axis : 50 degrees

Calculated R Axis : 70 degrees

Calculated T Axis : 52 degrees

INTERPRETATION: \*\*\* Refer to actual ECG waveforms for confirmation. \*\*\*

Normal sinus rhythm

High QRS voltage may be normal variant or due to lve

Poor progression of R waves in the precordial leads

Abnormal ECG

No previous ECGs available

Confirmed by (4) on 4/27/2014 3:05:43 PM

\*\*\*\*\* Final \*\*\*\*\*

Dictated: 04/26/2014 6:05 pm

Signed (Electronic Signature): 04/27/2014 3:05 pm

Signed by:

Patient:

MRN

FIN:

Location: Emergency Depart

### Computerized Tomography

Accession Number

CT-14-0006713

Exam

CT Orbits Sella and IAC w/o  
Contr

Exam Date/Time

4/26/2014 20:08 CDT

Ordering Physician

#### Reason For Exam

(CT Orbits Sella and IAC w/o Contr) battery, L eye swelling. Eval for fx

#### Report

CT ORBITS, SELLA, AND IAC WITHOUT IV CONTRAST.

CLINICAL INDICATION: 36 year-old patient with left eye swelling post assault/battery.

COMPARISON: None available.

TECHNIQUE: Spiral CT of the orbits were obtained without contrast. Multiplanar reformats were performed.

#### FINDINGS:

Imaging was performed within 24 hours of arrival to the hospital, in this case directly from the emergency department.

Moderate to severe soft tissue swelling and hematoma are visualized over the left periorbital region. Chronic fracture deformity of left lamina papyracea is appreciated without opacification of the ethmoid air cells. Minimal mucosal thickening is present in the left maxillary sinus. Bilateral globes appear homogeneous in attenuation and unremarkable. The retro-orbital fat is preserved. Bilateral extraocular musculatures are symmetric and intact. There is mild leftward deviation of the nasal septum, which is intact.

The visualized osseous structures are unremarkable without evidence of acute fracture. The visualized brain parenchyma appear within normal limits.

#### IMPRESSION:

1. Moderate to severe left periorbital soft tissue swelling and hematoma without acute fracture.
2. Chronic fracture deformity of the left lamina papyracea without adjacent opacification of the ethmoid air cells.

A preliminary report was provided by the radiology resident, [REDACTED] at 20:29:50 on 04/26/2014.

Images were reviewed with attending physician [REDACTED] prior to dictation by [REDACTED] on 04/26/2014.

Patient:

MRN

FIN:

Location: Emergency Depart

### Computerized Tomography

Accession Number

CT-14-0006713

Exam

CT Orbits Sella and IAC w/o  
Contr

Exam Date/Time

4/26/2014 20:08 CDT

Ordering Physician

### Report

\*\*\*\*\* Final \*\*\*\*\*

Dictated: 04/26/2014 8:21 pm SYSTEM

Signed (Electronic Signature): 04/26/2014 8:21 pm

Signed by:

### General Diagnostic

Accession Number

XR-14-0019410

Exam

XR Chest 2 Views Front/Lat

Exam Date/Time

4/26/2014 18:52 CDT

Ordering Physician

### Reason For Exam

(XR Chest 2 Views Front/Lat) chest pain;Chest Pain, Generalized

Patient:  
MRN  
FIN:

Location: Emergency Depart

*General Diagnostic*

Accession Number  
XR-14-0019410

Exam  
XR Chest 2 Views Front/Lat

Exam Date/Time  
4/26/2014 18:52 CDT

Ordering Physician

**Report**

EXAM: CHEST XRAY, TWO VIEWS, PA AND LATERAL.

DATE: 04/26/2014 18:52:47

COMPARISON: None available.

CLINICAL INDICATION: Chest pain.

FINDINGS: The lungs are well expanded. The cardiac silhouette is within normal limits. The pulmonary vasculature and aorta are unremarkable. No consolidation, pleural effusions or pneumothorax present. The regional osseous examination is unremarkable.

**IMPRESSION:**

No acute intrathoracic process identified radiographically.

Images were reviewed with senior resident, prior to dictation.

A preliminary report was provided by the radiology resident, at 18:56:09 on 04/26/2014.

Images were reviewed independently by prior to finalization by

\*\*\*\*\* Final \*\*\*\*\*

Dictated: 04/26/2014 6:55 pm

Signed (Electronic Signature): 04/26/2014 6:55 pm  
Signed by

Patient: [REDACTED]  
MRN [REDACTED]  
FIN: [REDACTED]

Location: Emergency Depart

### Orders

**Order: Morse Fall Risk Assessment**

Order Date/Time: 4/26/2014 17:49 CDT

Order Status: Discontinued

Activity Type: General Assessments

Ordering Physician: SYSTEM

Entered By: SYSTEM

Order Details: 04/26/14 17:49:38 CDT, Daily

Action Type: Discontinue

Action Date/Time: 4/27/2014 09:01 CDT Action Personnel: SYSTEM

Review Information:

Doctor Cosign: Not Required

Action Type: Order

Action Date/Time: 4/26/2014 17:49 CDT Action Personnel: SYSTEM

Review Information:

Doctor Cosign: Not Required

**Order: EK Ekg**

Order Date/Time: 4/26/2014 17:50 CDT

Order Status: Completed

Activity Type: Radiology

Ordering Physician: [REDACTED]

Entered By: [REDACTED]

Order Details: 04/26/14 17:51:00 CDT, Stat, Once, 04/26/14 17:51:00 CDT, Reason: Chest Pain, Generalized, Transport Mode: Cart, Rad Type

Action Type: Status Change

Action Date/Time: 4/27/2014 08:53 CDT Action Personnel: [REDACTED]

Review Information:

Doctor Cosign: Not Required

Action Type: Complete

Action Date/Time: 4/26/2014 18:39 CDT Action Personnel: [REDACTED]

Review Information:

Doctor Cosign: Not Required

Action Type: Order

Action Date/Time: 4/26/2014 17:51 CDT Action Personnel: [REDACTED]

Review Information:

Doctor Cosign: Not Required



Patient:  
MRN  
FIN:

Location: Emergency Depart

### Orders

**Order: XR Chest 2 Views Front/Lat**

Order Date/Time: 4/26/2014 18:28 CDT

Order Status: Completed

Ordering Physician:

Entered By:

Activity Type: Radiology

Order Details: 04/26/14 18:28:00 CDT, Stat, Once, 04/26/14 18:28:00 CDT, Reason: Chest Pain, Generalized, chest pain,  
Transport Mode: Cart, Rad Type

Action Type: Status Change

Action Date/Time: 4/26/2014 18:52 CDT Action Personnel:

Review Information:

Doctor Cosign: Not Required

Action Type: Status Change

Action Date/Time: 4/26/2014 18:52 CDT Action Personnel:

Review Information:

Doctor Cosign: Not Required

Action Type: Complete

Action Date/Time: 4/26/2014 18:38 CDT Action Personnel:

Review Information:

Doctor Cosign: Not Required

Action Type: Order

Action Date/Time: 4/26/2014 18:28 CDT Action Personnel:

Review Information:

Doctor Cosign: Not Required

**Order: Pulse Oximetry**

Order Date/Time: 4/26/2014 18:28 CDT

Order Status: Discontinued

Ordering Physician:

Entered By: SYSTEM

Activity Type: POC Asmt/Tx/Monitoring

Order Details: 04/26/14 18:28:00 CDT, STAT

Action Type: Discontinue

Action Date/Time: 4/27/2014 09:01 CDT Action Personnel: SYSTEM

Review Information:

Doctor Cosign: Not Required

Action Type: Order

Action Date/Time: 4/26/2014 18:28 CDT Action Personnel:

Review Information:

Nurse Review: Electronically Signed, on 4/26/2014 19:06 CDT

Doctor Cosign: Not Required

Patient:

MRN

FIN:

Location: Emergency Depart

### Orders

**Order: Ibuprofen**

Order Date/Time: 4/26/2014 18:28 CDT

Order Status: Completed

Activity Type: Pharmacy

Ordering Physician:

Entered By:

Order Details: 600 mg, Tab, Oral, Once, STAT, Start date 04/26/14 18:28:00 CDT, Stop date 04/26/14 18:28:00 CDT

Action Type: Complete

Action Date/Time: 4/26/2014 19:10 CDT Action Personnel:

Review Information:

Doctor Cosign: Not Required

Action Type: Order

Action Date/Time: 4/26/2014 18:28 CDT Action Personnel: Schad

Review Information:

Pharmacist Verify: Not Reviewed

Pharmacist Verify: Electronically Signed, A on 4/26/2014 18:33 CDT

Doctor Cosign: Not Required

**Order: Cardiac Monitoring**

Order Date/Time: 4/26/2014 18:28 CDT

Order Status: Discontinued

Activity Type: Basic Care

Ordering Physician:

Entered By: SYSTEM

Order Details: 04/26/14 18:28:00 CDT, Stop Date 04/26/14 18:28:00 CDT, STAT, Once

Action Type: Discontinue

Action Date/Time: 4/27/2014 09:01 CDT Action Personnel: SYSTEM

Review Information:

Doctor Cosign: Not Required

Action Type: Order

Action Date/Time: 4/26/2014 18:28 CDT Action Personnel:

Review Information:

Nurse Review: Electronically Signed, on 4/26/2014 19:06 CDT

Doctor Cosign: Not Required

**Order: CKMB/Tropi**

Order Date/Time: 4/26/2014 18:46 CDT

Order Status: Canceled

Activity Type: General Lab

Ordering Physician:

Entered By: Thornton, Qiana

Order Details: Blood, Stat collect, 04/26/14 18:46:00 CDT, Stop date 04/26/14 18:46:00 CDT, Nurse collect, Print Label By  
Order Location

Action Type: Cancel

Action Date/Time: 4/26/2014 19:07 CDT Action Personnel:

Review Information:

Doctor Cosign: Not Required

Action Type: Order

Action Date/Time: 4/26/2014 18:46 CDT Action Personnel:

Review Information:

Doctor Cosign: Not Required

Patient:

MRN

FIN:

Location: Emergency Depart

### Orders

Order: **Complete Blood Count w/Automated Differential (CBC w/AutoDiff)**

Order Date/Time: 4/26/2014 18:28 CDT

Order Status: Completed

Activity Type: General Lab

Ordering Physician:

Entered By:

Order Details: Blood, Stat collect, 04/26/14 18:28:00 CDT, Stop date 04/26/14 18:28:00 CDT, Lab Collect, Print Label By  
Order Location

Action Type: Complete

Action Date/Time: 4/26/2014 19:18 CDT Action Personnel:

Review Information:

Doctor Cosign: Not Required

Action Type: Status Change

Action Date/Time: 4/26/2014 19:07 CDT Action Personnel:

Review Information:

Doctor Cosign: Not Required

Action Type: Status Change

Action Date/Time: 4/26/2014 19:07 CDT Action Personnel:

Review Information:

Doctor Cosign: Not Required

Action Type: Order

Action Date/Time: 4/26/2014 18:28 CDT Action Personnel:

Review Information:

Nurse Review: Electronically Signed, on 4/26/2014 19:06 CDT

Doctor Cosign: Not Required

Order: **CKMB/TropI**

Order Date/Time: 4/26/2014 19:09 CDT

Order Status: Completed

Activity Type: General Lab

Ordering Physician: PHYSICIAN,ER

Entered By:

Order Details: Blood, Stat collect, Collected, 04/26/14 18:58:00 CDT, Stop date 04/26/14 18:58:00 CDT, Nurse collect, spec2,  
Print Label By Order Location

Action Type: Complete

Action Date/Time: 4/26/2014 19:41 CDT Action Personnel:

Review Information:

Doctor Cosign: Not Required

Action Type: Status Change

Action Date/Time: 4/26/2014 19:10 CDT Action Personnel:

Review Information:

Doctor Cosign: Not Required

Action Type: Status Change

Action Date/Time: 4/26/2014 19:09 CDT Action Personnel: SYSTEM

Review Information:

Doctor Cosign: Not Required

Action Type: Order

Action Date/Time: 4/26/2014 19:09 CDT Action Personnel:

Review Information:

Doctor Cosign: Not Required

Patient:

MRN

FIN:

Location: Emergency Depart

### Orders

**Order: Basic Metabolic Panel (BMP)**

Order Date/Time: 4/26/2014 18:28 CDT

Order Status: Completed

Activity Type: General Lab

Ordering Physician:

Entered By: SYSTEM

Order Details: Blood, Stat collect, 04/26/14 18:28:00 CDT, Stop date 04/26/14 18:28:00 CDT, Nurse collect, Print Label By Order Location

Action Type: Complete

Action Date/Time: 4/26/2014 19:32 CDT Action Personnel: SYSTEM

Review Information:

Doctor Cosign: Not Required

Action Type: Status Change

Action Date/Time: 4/26/2014 19:10 CDT Action Personnel:

Review Information:

Doctor Cosign: Not Required

Action Type: Status Change

Action Date/Time: 4/26/2014 19:07 CDT Action Personnel:

Review Information:

Doctor Cosign: Not Required

Action Type: Status Change

Action Date/Time: 4/26/2014 19:07 CDT Action Personnel:

Review Information:

Doctor Cosign: Not Required

Action Type: Order

Action Date/Time: 4/26/2014 18:28 CDT Action Personnel:

Review Information:

Nurse Review: Electronically Signed, Lee, Amy on 4/26/2014 19:06 CDT

Doctor Cosign: Not Required

**Order: Automated Diff**

Order Date/Time: 4/26/2014 19:07 CDT

Order Status: Completed

Activity Type: General Lab

Ordering Physician: SYSTEM

Entered By: Naleye, Aydid

Order Details: Blood, Stat collect, Collected, 04/26/14 18:58:00 CDT, Stop date 04/26/14 18:58:00 CDT, Lab Collect, Print Label By Order Location

Action Type: Complete

Action Date/Time: 4/26/2014 19:18 CDT Action Personnel:

Review Information:

Doctor Cosign: Not Required

Action Type: Status Change

Action Date/Time: 4/26/2014 19:07 CDT Action Personnel: SYSTEM

Review Information:

Doctor Cosign: Not Required

Action Type: Order

Action Date/Time: 4/26/2014 19:07 CDT Action Personnel: SYSTEM

Review Information:

Doctor Cosign: Not Required

Patient:

MRN

FTN:

Location: Emergency Depart

### Orders

**Order: Estimated Glomerular Filtration Rate**

Order Date/Time: 4/26/2014 19:32 CDT

Order Status: Completed

Activity Type: General Lab

Ordering Physician: SYSTEM

Entered By: SYSTEM

Order Details: Blood, Stat collect, Collected, 04/26/14 18:58:00 CDT, Stop date 04/26/14 18:58:00 CDT, Nurse collect, Print Label By Order Location

Action Type: Complete

Action Date/Time: 4/26/2014 19:32 CDT Action Personnel: SYSTEM

Review Information:

Doctor Cosign: Not Required

Action Type: Status Change

Action Date/Time: 4/26/2014 19:32 CDT Action Personnel: SYSTEM

Review Information:

Doctor Cosign: Not Required

Action Type: Status Change

Action Date/Time: 4/26/2014 19:32 CDT Action Personnel: SYSTEM

Review Information:

Doctor Cosign: Not Required

Action Type: Order

Action Date/Time: 4/26/2014 19:32 CDT Action Personnel: SYSTEM

Review Information:

Doctor Cosign: Not Required

**Order: CT Orbits Sella and IAC w/o Contr (CT Orbits w/o Contr)**

Order Date/Time: 4/26/2014 19:12 CDT

Order Status: Completed

Activity Type: Radiology

Ordering P

Entered By

Order Details: 04/26/14 19:12:00 CDT, Stat, Once, 04/26/14 19:12:00 CDT, battery, L eye swelling. Eval for tx, Transport Mode: Cart, Rad Type

Action Type: Complete

Action Date/Time: 4/27/2014 06:52 CDT Action Personnel:

Review Information:

Doctor Cosign: Not Required

Action Type: Status Change

Action Date/Time: 4/26/2014 20:08 CDT Action Personnel:

Review Information:

Doctor Cosign: Not Required

Action Type: Order

Action Date/Time: 4/26/2014 19:13 CDT Action Personnel:

Review Information:

Doctor Cosign: Not Required

Patient:

MRN

FIN:

Location: Emergency Depart

### Orders

**Order: ED Pain Re-Assessment**

Order Date/Time: 4/26/2014 19:10 CDT

Order Status: Discontinued

Activity Type: Patient Care

Ordering Physician: SYSTEM

Entered By: SYSTEM

Order Details: 04/26/14 19:25:39 CDT

Action Type: Discontinue

Action Date/Time: 4/27/2014 09:01 CDT Action Personnel: SYSTEM

Review Information:

Doctor Cosign: Not Required

Action Type: Order

Action Date/Time: 4/26/2014 19:10 CDT Action Personnel: SYSTEM

Review Information:

Doctor Cosign: Not Required

### Orders-Medication

#### Inpatient

**Order: Ibuprofen**

Order Status: Completed

Ordering Physician:

Order Details: 600 mg, Tab, Oral, Once, STAT, Start date 04/26/14 18:28:00 CDT, Stop date 04/26/14 18:28:00 CDT

Action Type: Complete

Action Date/Time: 4/26/2014 19:10 CDT Action Personnel:

Action Type: Order

Action Date/Time: 4/26/2014 18:28 CDT Action Personnel:

### Allergies

Substance: No Known Allergies

Recorded Date/Time

Recorded By

4/26/2014 17:49 CDT

Recorded On Behalf Of: Pozniak, Sharon; Reaction Status: Active;  
Allergy Type: Allergy; Category Drug; Reviewed Date/Time: 4/26/2014  
20:37 CDT; Reviewed By:

Patient:

MRN

FIN:

Location: Emergency Depart

MAR

Medications

Admin Date/Time: 4/26/2014 19:10 CDT

Medication Name: Ibuprofen

Ingredients: Ibuprofen 600 mg 1 tab(s)

Admin Details: (Auth) Oral

Action Details: Order:

Lee, Amy 4/26/2014 19:10 CDT

N 4/26/2014 18:28 CDT; Perform:

4/26/2014 19:10 CDT; VERIFY:

Early/Late Reason 4/26/2014 19:10 CDT

New Med Order

INDEPENDENT POLICE REVIEW AUTHORITY

17 Jun 2014  
LOG # 1068798

TO: Chief Administrator  
Independent Police Review Authority (IPRA)

FROM: Investigator Vincent L. Jones #141

SUBJECT: Attempts to contact Victim, [REDACTED]

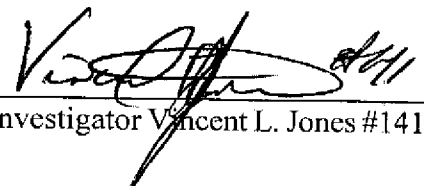
On 30 May 2014, at approximately 1546 hours, the R/I called victim, [REDACTED] at [REDACTED]. The R/I left a voice mail message for [REDACTED] to contact the R/I.

On 31 May 2014, at approximately 1049 hours, the R/I called victim, [REDACTED] at [REDACTED]. The R/I spoke with [REDACTED]'s sister, [REDACTED]. The R/I left his contact information with [REDACTED] for [REDACTED] to contact the R/I.

On 31 May 2014, the R/I mailed contact letters to victim [REDACTED]. The letters were mailed via regular mail and certified mail.

On 06 Jun 2014, at approximately 1325 hours, the R/I called victim, [REDACTED] at [REDACTED]. The R/I spoke with [REDACTED]'s sister, [REDACTED]. The R/I left his contact information with [REDACTED] for [REDACTED] to contact the R/I.

As of 17 Jun 2014, the victim, [REDACTED] had not made any attempt to contact the R/I.

  
Investigator Vincent L. Jones #141

Approved:

  
Supervisor, IPRA

LOG # 1068798  
Attachment # 25



INVESTIGATOR'S CASE LOG Independent Police Review Authority		LOG NO. 1068798	DATE OF INCIDENT 26 Apr 14	PAGE NO. 01
DATE	TIME	ACTIVITY		INVESTIGATOR
26 Apr 14		Log Number obtained by Sgt. M. Ramirez # 2053, ET was requested by Sgt. Ramirez. Complainant was treated and released and will be transported to Central Detention.		A.Chico
"	"	Obtained Initiation Report, PCAD, Arrest Report and Case Report.		"
"	345 pm	called @ [REDACTED] he said will try to come today. If not Monday 28 Apr 14 @ 1000 hrs.		J Sanchez
		Printed crime scene processing report		
	1555	called [REDACTED] who stated she was not going to give a statement regarding the incident. She said she already spoke to the police and she is done with the situation. Hung up on R/I		
"	1720	R/I ATTEMPTED TO INTERVIEW WILLFORD AT CENTRAL DETENTION, SEE TO - FROM		NEUBECK
27 Apr 14		Request E.T. photos + CK for PODS - NONE		N. Webb
28 Apr 14	0745	Pull A/R, MUGSHOTS, Supple Rpt, Ambulance Rpt.		A. Sorb
28 Apr 14	0837	R/I called [REDACTED] left voicemail for V/C [REDACTED] to contact the IPRA.		M. Campbell
29 Apr 14	0834	R/I spoke w/ [REDACTED] sister of victim. Victim [REDACTED] is an inmate at DOC Div #6.		M. Campbell
		inmate # [REDACTED] obtained inmate Report		M. Campbell

LOG NO. **1068798**

ATTACHMENT NO. **25**

INVESTIGATOR'S CASE LOG  
Independent Police Review Authority

LOG NO.

1068798

DATE OF INCIDENT

26 Apr/4

PAGE NO.

2

DATE	TIME	ACTIVITY	INVESTIGATOR
29 Apr/4		Original case for conduct investigation	V. Jones
30 May/4	1546	RE called (D) [REDACTED]	V. Jones
		Left a voice message to contact the RE.	
		(D) [REDACTED] NO found at the Cook County Jail	
31 May/4	1049	RE called (D) [REDACTED] again at [REDACTED]	V. Jones
		Spoke with (D) [REDACTED] She will give him the message to call the RE	
31 May/4		Contact letters to (D) [REDACTED] Requested Medical Records from [REDACTED] Hospital & [REDACTED] Hospital	V. Jones
06 Jun/4	1325	Called (D) [REDACTED], no answer, left message with his sister, [REDACTED] to call the RE	V. Jones
17 Jun/4		Received Medical Records from [REDACTED]	V. Jones
		Medical record were requested from both [REDACTED] & [REDACTED] hospital because they both appeared on (D) [REDACTED] Arrest Report	
		[REDACTED] was actually treated at [REDACTED] not [REDACTED]	

LOG NO. \_\_\_\_\_

ATTACHMENT NO. \_\_\_\_\_

